

ENG801

LITERATURE AND MEDICINE

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Introduction

ENG- Literature and Medicine - is designed to expose students to the interdisciplinary relationship between literature and medicine. The primary aim of the course is to acquaint students with the representation of pathological conditions— physical and mental— in literary texts. It also highlights the role of literature in narrating ethical issues in the medical profession. The course, in all, is designed to create awareness on different human health situations through the instrumentality of literary expression.

This course is made up of ten units (10 units), woven into five (5) modules which include the social function of Literature and Medicine, nature and historical evolution of Literature and Medicine, layers of Literature and Medicine, topical areas in Literature and Medicine and theories and methods in Literature and Medicine. This content material is packaged to expose African students to the interdisciplinary study of literature and medicine, with specific attention on the Nigerian scholarly landscape.

In terms of layers, the candidates will be exposed to creative works by physician-writers, patient-writers and non-physician writers that convey experiences of physical and mental suffering as well as ethical issues, treatment and healing. Works by physician-writers constitute the first layer of Literature and Medicine. The following are some of the physician-writers whose works are indispensable in medical humanities classes across the globe: John Keats, Tobias Smollet, George Buchner, Anton Chekhov, Arthur Conan Doyle, Mikhail Bulgakov, Arthur Schnitzler and William Carlos William, Oliver Goldsmith, Allen Richard Seltzer, Sir Geoffrey Keynes, Samuel Shem (Stephen Joseph Bergman), Francois Rabelais, Sigmund Freud, R. D. Laing, A. J Cronin, Michael Crichton, Khaled Hosseini, Paul Carson, Oliver St John Gogarty, James Ene Henshaw, Anezi Okoro, Latunde Adeku, Wale Okediran, Tolu Ajayi, Femi Oyebode, Marthin Akpaa, Eghosa Imasuen, and many others.

This course guide tells you briefly what the course is all about, what you are expected to know in each unit; what course materials you will be using and how you can work your way through the material. It also emphasises the need for tutor-marked assignments. Detailed information on tutor-marked assignment is contained in a file to be sent to you in due course. There are periodic tutorial classes that are linked to the course.

What You will Learn in this Course

The overall aim of ENG: Literature and Medicine, is to expose the students to the interdisciplinary relationship between literature and medical science. The students, therefore, will acquaint themselves with the different aspects and layers of Literature and Medicine, as a discipline, as well as the methodological and theoretical tools required for the critical study of literary texts that fit into the thematic composition of literature and medicine.

Course Aims

This course is structured, primarily, to prepare the students with a productive knowledge of the theoretical, critical and conceptual make-ups of Literature and Medicine. This aim will be achieved by:

- Introducing students to human health situations, including physical and mental conditions.
- Explaining to them, the social function of literature in the exploration of all human experiences, including experiences that border on illnesses, death and recovery.
- Exposing students to the origin and conceptual framework of Literature and Medicine;
- Teaching the students on how to carry out critical analyses on literary texts that explore human's health conditions and medical ethics.

- Exposing them to the appropriate critical theories and analytical methods adopted in the discussion of literary texts that explore biomedical knowledge.

Course Objectives

To achieve the aims set out above, there are overall objectives. In addition, each unit has specific objectives. The unit objectives are always included at the beginning of the unit. You should read them before going through the units. You should always look at the unit objectives on completing the unit to assure yourself that you have done what the unit required and acquired the competencies it aimed to inculcate.

Stated below are the wider objectives of this course. By meeting these objectives, you should have achieved the entire aim of this course. On successful completion of this course, you should be able to:

- Discuss the concept of medicine and human health,
- Explain the relationship between literature and medicine
- Discuss the history and origin of medical humanities,
- Explain the various layers and aspects of Literature and Medicine
- Discuss the conceptual, theoretical and methodological strategies used in analysing literary texts that fall into the scholarly conceptualization, Literature and Medicine.
- Carry out an independent analysis of literary texts that explore human health situations and challenges in the three genres of literature.

Working through this Course

To complete this course, you are required to read the study units, read recommended books and other related materials you can lay your hands on. Each unit contains self-assessment

exercises, which you are expected to use in assessing your understanding of the course. At the end of this course is a final examination.

Course Materials

Major components of this course are:

1. Course Guide
2. Study Units
3. Textbooks
4. Assignment File
5. Presentation Schedule

Study Units

There are fourteen units in this course as follows:

MODULE 1: CONCEPTUALISING LITERATURE, SOCIETY AND PUBLIC HEALTH

Unit 1: Literature and Society: human health situations

MODULE 2: NATURE AND HISTORICAL EVOLUTION OF LITERATURE AND MEDICINE

Unit 1: Historical Evolution of Literature and Medicine

Unit 2: Meaning, Nature and Significance of Literature and Medicine

MODULE 3: LAYERS OF LITERATURE AND MEDICINE

Unit 1: Creative works by physician-writers

Unit 2: Creative works by patient-writers

Unit 3: Unit 3: Creative works by non-physician writers

MODULE 4: TOPICAL AREAS IN LITERATURE AND MEDICINE

Unit 1: Physical Disease, Mental illness and Psychotherapy

Unit 2: Medical Ethics and Biomedical Facilities

MODULE 5: THEORIES AND METHODS IN LITERATURE AND MEDICINE

Unit 1: Literature and Medicine: Applicable Theories

Unit 2: Literature and Medicine: Applicable Methods

The single unit in Module 1 demonstrates the social function of literature, which is evident in the exploration of human health situations and challenges. Units 1 to 3 of Module 2 provide conceptual clarifications on the nature, origin and evolution of literature and medicine as an academic subspecialty. Both the informal-traditional synergy and the formal, academic synergy between medicine and literature are discussed to justify the interdisciplinary relationship between these two seemingly disparate disciplines. Units 1, 2 and 3 of Module 3 expose the three layers of literature and medicine which are: works by patient-writers, works by physician-writers and works by non-physician writers. These units help to reveal the nature of literary products that make up the study texts of literature and medicine. Unit 1 to 4 of module 4 exposes the broad spectrum of literature and medicine, highlighting the various aspects or areas that constitute its centre-stage. Module 5 is made up of 2 units, highlighting the methodological and theoretical perspectives of literature and medicine.

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Assignment File

This file contains the details of all the assignments you must do and submit to your tutor for marking. The mark you obtain from these assignments will form part of the final mark you will obtain in this course.

Presentation Schedule

The presentation schedule included in your course materials gives you the important dates for the completion of your tutor-marked assignments and when you will attend tutorials. Remember that you are required to submit your assignments according to the schedule.

Assessment

There are two aspects of assignment in this course. The first aspect includes all the tutor-marked assignments, while the second is the written examination. In tackling the assignments, you are expected to apply the information and knowledge you acquired during the course.

The assignments must be submitted to your tutor for formal assessment in accordance with the deadlines stated in the Assignment file. The work you submit to your tutor for assessment account for 30% of the total mark accruing to the course.

At the end of the course, you will sit for a final three-hour examination that will carry 70% of the total course mark.

Tutor-Marked Assignment

Each unit has a tutor-marked assignment. You are expected to submit all the assignments. You should be able to do the assignments from the knowledge you derived from the course, and information you acquired from the textbooks.

When you have completed the assignment for each unit, send it along with your TMA (tutor-marked assignment) form to your tutor. Make sure that the completed assignment reaches your tutor on or before the deadline in the assignment file. If you cannot complete your assignment on time due to a cogent reason, consult your tutor for possible extension of time.

Final Examination and Grading

The final examination for ENG816 will be of the duration of three hours. The examination will carry 70%. It will consist of questions that will reflect the type of self-testing practice exercises and tutor-marked assignments you have come across. All areas of the course will be examined.

You are advised to revise the entire course after studying the last unit before you sit for examination. You will find the revision of your tutor-marked assignments equally useful.

Course Marking Scheme

The table below shows how actual course marking is broken down.

Assessment	Marks
Assignment 1 – 3	Three assignments will be given which will count as 30% of course mark
Final Examination	70% of overall course marks
Total	100% of course marks

Course Overview

The table below brings together, the units, the number of weeks you should take to complete them, and the assignments that follow them:

Unit	Title of Work	Week's Activity	Assessment(End of Unit)
	Course Guide	1	
MODULE 1: CONCEPTUALISING LITERATURE, SOCIETY AND PUBLIC HEALTH			
1	Literature and Society: human health situations	1	Assignment1
MODULE 2: NATURE AND HISTORICAL EVOLUTION OF LITERATURE AND MEDICINE			
1	Historical Evolution of Literature and Medicine	2	Assignment2
2	Meaning, Nature and Significance of Literature and Medicine	2	Assignment3
MODULE 3: LAYERS OF LITERATURE AND MEDICINE			
1	Creative works by physician-writers	4	Assignment5
2	Creative works by patient-writers	5	Assignment6
3	Creative works by non-physician writers	6	Assignment7
MODULE 4: TOPICAL AREAS IN LITERATURE AND MEDICINE			
1	Physical Disease, Mental illness and Psychotherapy	7	Assignment 8
2	Medical Ethics and Biomedical Facilities	8	Assignment 9
MODULE 5: THEORIES AND METHODS IN LITERATURE AND MEDICINE			
1	Literature and Medicine: Applicable Theories	11	13
2	Literature and Medicine: Applicable Methods	12	14
	Revision		
	Examination		

How to Get the Most from this Course

In distance learning, the study units replace the university lecture. This is one of the advantages of distance learning: you can read and work through specially designed study materials at your own pace, and at a time and place that suit you best. Think of it as reading the lecture instead of listening to a lecturer. In the same way that a lecturer might set for you some reading to do, the study units tell you when to read your set books or other materials. Just as a lecturer might give you an in-class exercise, your study units provide exercises for you to do at appropriate time.

Each of the study units are written according to common format. The first item is an introduction to the subject matter of the unit and how a particular unit is integrated with the other units and the course as a whole. Next is a set of learning objectives. These objectives guide you on what you should be able to do by the time you have completed the unit. You should use these objectives to guide your study. When you have completed the units, you must go back and check whether you have achieved the objectives. This habit will improve your chance of passing the course.

READING SECTION

Remember that your tutor's job is to help you. So, when you need help of any sort, call on him or her. Do not fail to do so.

1. Read this Course Guide thoroughly
2. Organise a study schedule or time table. Refer to the course overview for more detail. Note the time you are expected to spend on each unit, and how the assignments relate to the units.

3. Once you have created your own study schedule, do everything you can to stick to it. The major reason students fail is that they lag behind in their course work. If you get into any difficulty with your schedule, do let your tutor know it before it is too late for help.
4. Turn to unit one and read the introduction and the objectives for the unit.
5. Assemble the study materials. Information about what you need for a unit is given in the overview at the beginning of each unit. You will always almost need both the study unit you are working on and one of your books on your table at the same time.
6. Work through the unit. The content of the unit itself has been arranged to provide a sequence for you to follow. As you work through the unit you will be instructed to read sections from your set books or articles. Use the unit to guide your reading.
7. Review the objectives for each study unit to confirm that you have achieved them. If you feel unsure about any of the objectives, review the study material or consult your tutor.
8. When you are confident that you have achieved a unit's objectives, you can then start on the next unit. Proceed unit by unit through the course and try to pace your study so that you keep yourself on schedule.
9. When you have submitted an assignment to your tutor for marking, do not wait for its return before starting on the next unit. Keep to your schedule. When the assignment is returned, pay particular attention to your tutor's comments, both on the tutor- marked assignment form and also on what is written on the assignment. Consult your tutor as soon as possible if you have any questions or problems.
10. After completing the last unit, review the course and prepare yourself for the final examination. Ensure that you have achieved the unit objectives (listed at the beginning of each unit) and the course objectives (listed in this Course Guide).

Facilitators/Tutors and Tutorials

There are eight hours of tutorials provided in support of this course. You will be notified of the dates, time and location of these tutorials, together with the name and phone number of your tutor, as soon as you are allocated a tutorial group. Your tutor will mark and comment on your assignments, keep close watch on your progress and on any difficulties you might encounter and provide assistance to you during the course. You must mail your tutor-marked assignments to your tutor well before the due date (at least two working days are required). They will be marked by your tutor and returned to you as soon as possible do not hesitate to contact your tutor by telephone, email, or discussion board if you need help. The following might be circumstances in which you will find help necessary.

Contact Your Tutor If:

- You do not understand any part of the study units or the assigned readings
- You have difficulty with these If-tests or exercises
- You have a question or problem with an assignment, your tutor's comments on an assignment, or with the grading of an assignment

You should try your best to attend tutorials. This is the only chance to have face to face contact with your tutor and ask questions which are answered instantly. You can raise any problem encountered in the course of your study. To gain the maximum benefit from course tutorials, prepare a question list before attending them. You will learn a lot from participating in discussions actively.

Summary

ENG: Literature and Medicine explains the nature, origin, conceptual background, topical areas, categories of literary texts, theoretical and methodological orientation that underscore the interdisciplinary relationship between medicine and literature.

Since human health is very significant in the overall social activities of human beings, writers' imagination and exploration of experiences that border on physical and psychopathological condition attests to the social function of literature. In essence, this course is aimed at equipping students with awareness on the management of human health conditions through literary texts.

Happy reading.

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- Literature and Medicine: Formal, Academic Synergy

Unit 2: Meaning, Nature and Significance of Literature and Medicine

MODULE 3: LAYERS OF LITERATURE AND MEDICINE

Unit 1: Creative works by physician-writers

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MODULE 1:

CONCEPTUALISING LITERATURE, SOCIETY AND PUBLIC HEALTH

CONTENT

Introduction

This module exposes the candidates to the relationship between literature and society, which also manifests in the exploration of human health situations and challenges. It is demonstrated here that one very significant way in which the writer shows his obligation and commitment to society is the representation of experiences that border on human wellbeing, and this includes pathological conditions— illness and recoveries. The essence of this is to negotiate for the overall wellbeing of individuals and the society.

Objectives

- a. To expose the students to scholarly postulations and relevant materials that attest to the social function of literature.
- b. To demonstrate that the imagination of diseases, recoveries and biomedical experiences is part of the writer's commitment to reflect and refract society.

1.0 Main Contents

Literature and society: human health situations

Unit 1:

3. 1. Literature and Society: Human Health Situations

Literature, all over the world, is a product of experience and expression. Good literary works mirror the prevailing happenings in the society and make suggestions for social correctness. The sociological value of literature is observed by Wellek and Warren (1949) when they opine that literature performs “a social function” and that the artist “performs a historical and social truth” (94-95). This is why Clara Reeve defines the novel as “a picture of real life and manners and of the time in which it is written” (qtd in Davis, 1998: 317). Tobias Smollet, a Scottish physician and novelist, acknowledges the social significance of literature when he describes the novel as “a large diffused picture comprehending the characters of life” (qtd in Gibson, 2007: 49).

Literature, all over the world, responds to the socio-historical realities of the people. For instance, like other regional writers, modern Nigerian writers show ideological commitments to their society as they “speculate not only on what is, but on what to be, or what may be” (Moody, 68:3 quoted in S. O. Umukoro). This is why Achebe (1975) declares that “art for art’s sake is another piece of deodorized dog-shit” (19). L.O. Bamidele (2003: 27), who also acknowledges the psychosocial significance of literature, states that “so many of us too conceive of art as a dreamer’s idle fancy; it is for fun games and more delusions and at best useless and meaningless without any validity to the moral or social”. As highlighted by the scholars above, the relevance of the artist is measured by the altruistic and heuristic significance of his vocation. He or she should artistically present the reality of his society and point the way forward to higher ideals and more humane options. On this ground, the artist plays a significant role in encouraging the physical and mental wellbeing of the society. This is evident in the three genres of literature—poetry, prose and drama. In other words, the writer, who believes in the social significance and redemptive value of the art, cannot undermine health, the most important component of every human society. This is why the literary exploration of pathological conditions is recognised as a

significant way in which the creative writer conveys the utilitarianism and altruism that define literary phenomenology.

As stated above, the imagination and exploration of human health conditions is a reflection of the social commitment of the writer, whose vision is to reorder society. As a way of conveying social reality, writers explore biological, socioeconomic and cultural dimensions of human health and medical practice. Literature and medicine, as an interdisciplinary study, shows the social function of literature which lies at the intersection of humanities, medicine and social sciences. Since illness and medical experiences are daily encountered in our society, writers' exploration of such health conditions attests, significantly, to their consciousness of societal depravities and commitment for social and human improvement. For instance, in D. S. Sheriff's essay, "Literature and Medical Ethics" (1988), he highlights the significance of literature in conveying human health experiences: "Literature is life. Literary classics present and confront us with the problems of daily human experience including medical ones" (688). Literature, given the humanism that informed its content, is characteristically realistic. This verisimilitude is not a mere reflection of social characters— it demonstrates significant suggestions for social improvement.

Therefore, since illnesses and diseases originate from the social space, they are socially constructed. Illness, as we have experienced in the society, usually reshape the identity of the patient or sufferer. A valid example is deafness, which can be a cultural identity. Social reality, which differs significantly from biological or individual cognitive reality, is evident in the creation and construction of social experiences through interaction with societal encounters. The creation of characters, suffering from pathologies— physical or mental— is a creative perspective that is anchored on social behaviours. The writer, in that sense, invented his ailing

characters and the incident surrounding their health conditions from the society. The writer's universe is constructed from the universe inhabited by people of life and blood.

On the concept of social and clinical reality, Charon makes a very significant point on the realistic and empathising portraiture of sick characters and healthcare experiences when she suggests that, healthcare writers should develop “narrative competence”, which has to do with the convincingness and believability of stories about illness. On this note, S. Neeraja submits beautifully in his thesis, “Illness, Healing and Narrative”:

Health and medicine are matters of public culture as well as popular culture. They encode power relations, questions of narrative method and stereotyping – and therefore might be profitably examined for language, discourse and narrative strategies in the Humanities.

Since humanities is defined as “all things that constitute the human” and medical (with attendant condition of health, sickness, cure) is central to the very idea of the human, it is necessary to, I believe, to study discourses of health, illness and medicine to examine what forms of the “human” emerge, thus making health and medicine subjects for Humanities (Neeraja, 1).

The social construction of illnesses, diseases and other medical experiences is based on writers' imagination and/or imitation of incidents in the society where they live. Oyebode (2009) recognises the social commitment of the writer in representing illnesses and diseases when he admits that “Charlotte Bronte's novel *Jane Eyre*, published in 1847, sets the scene for how madness is perceived in society” (42). Thus, the writer does not write in a vacuum— s/he draws experiences from the social space, including experiences that border on ill-health and healing. For instance, like other health conditions, since “madness is usually conceived as a behavioural or psychological deviancy manifest in an individual” (Oyebode, 2012: 72), it comes to reason that it is the society that induces madness in people. Oyebode (2012) expands this thought thus:

...theatrical representations depict mad individuals. Even though theatre is a space where the social is exhibited, mirrored, examined, commented upon and defined, mad acts occur as solitary, even singular events within social contexts.

The social context may provide the origins, the motivating urge of the mad behaviour or may make the aberrant action understandable, rendering that which superficially is inexplicable, comprehensible and therefore meaningful (72).

The sufferings, rights and experiences of an ailing individual which are represented in literature, are all socially constructed. On this note, Emmanuel Babatunde Omobowale (2018) declares: “Since literature is a reflection of life and human medicine guarantees physiological and psycho-social equilibrium, I have no doubt that literature and medicine, not only complement each other, they also aim at similar objectives— albeit, using different methods” (6). The scholarly illustrations above justify the claim that literature reflects the society— its beauties and depravities, wellness and ailments, so as to give rise to healthy individuals and social conducts. This is why Stephen Kekeghe (2018) submits that “since human existence raises the constant question of mental and physical wellbeing, the writers’ social obligation cannot discard human health situations (p.1).

As a way of responding to the world of the artist, ailment is sometimes deployed as a metaphor for political and economic convulsion. According to Flora Veit-Wild (2006), “the political situation in Africa is so full of absurdities, monstrosities and grotesque aberrations that it demands a literary response reflecting the innermost madness of this very situation and the structures ruling it” (2). Oyebode (2012) also hints on this point: “personal madness, aberrant and deviant behaviour in the individual, is more a reflection of a society that has gone mad and not merely a sign of personal malady... the mad individual is only symptomatic of a mad world” (vii). This point is succinctly made by I. E. McManus in his article, “Humanity and the Medical Humanities” (1995) when he avers that “the characters in books, films or plays act, quite literally, as surrogates for a vast range of real people” (1143). For example, McLellan and Jones highlighted two very relevant approaches— the *aesthetic approach* and the *ethical approach*—

which are deployed in the teaching of literary texts to medical students in the US. While the *aesthetic approach* emphasizes the beauty of the literary text in relation to society, *the ethical approach* focuses on how the content of the work of art can be usefully applied to teach the ethics of medicine (McLellan and Jones, 1996; Omobowale, 2018). So, whether personal, pretended or symbolic illness, the exploration of any health condition in literature underscores the social function of literature.

4.0. Conclusion

The interplay between literature and society is evident in the literary representation of experiences that border on diseases, illnesses and recoveries. Human health situation and medical experiences is a subject of great significance to human beings, irrespective of social status. Considering the lack of empathy, unethical disposition and the general poor attitude to health displayed by most healthcare professionals, policy makers and the politicians, the literary response to illnesses, diseases and other medical experiences has helped significantly, in shaping biomedical practice. In this unit, we have discussed the social function of literature, which manifests in the exploration of human health conditions.

Summary

In this unit, we have learnt:

- The relationship between literature and society
- That public health is a social experience which is also explored by literary writers

5.0 Tutor Marked Assignment

1. The representation of human health condition in literature is a way through which the writer demonstrates consciousness of, and commitment to society. Discuss.

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MODULE 2:

NATURE AND HISTORICAL EVOLUTION OF LITERATURE AND MEDICINE

Introduction

In the first module, you were exposed to the social function of literature as evident in the representation of human health conditions. The connection, between literature and human health has, over the years, given rise to Literature and Medicine as a unique field of study that examines the intersection between medicine and literature. In this module, therefore, you will be exposed to the origin and the stages of evolution of Literature and Medicine, highlighting its interdisciplinary focus and significance to human and social wellbeing. Like the first module, this module is also made up of one unit.

Objectives

- To highlight the stages of evolution of Literature and Medicine
- To reveal the meaning and nature of Literature and Medicine
- To identify some major scholarly statements that attest to the synergy between medicine and literature.

Main Contents

Historical Evolution of Literature and Medicine

- Literature and Medicine: Informal Synergy
- Literature and Medicine: Formal, Academic Synergy

Meaning, Nature and Significance of Literature and Medicine

Unit 1:

Historical Evolution of Literature and Medicine

Like every other discipline of human's learning, Literature and Medicine has a very significant history of emergence. Scholars have revealed that the humanities and medicine had maintained a kind of correlation right, perhaps, from the evolution of the human race. Some of these arguments, however remote they might sound, attest to the informal, traditional synergy between literature and medicine as a unique discipline. The focus here is both on the informal and formal synergy between Literature and Medicine.

Literature and Medicine: Informal Synergy

Literature and Medicine, as a discipline, has a robust history of emergence. The relationship between medical and the artistic culture has been recognized for centuries. In the classical Greek society, for instance, Apollo is acclaimed as the god of medicine and poetry (McClellan, 1982; Hunter, 1986 and Jones, 1990). In the same vein, Hippocrates, the Greek philosopher and physician, is reputed as the father of medicine and the originator of the "case note tradition" through which physicians record, comment or narrate their observation of patients' ailments. According to Omobowale (2018), "Hippocrates was a versatile writer and most of the works he wrote on medicine advanced the position that illness and diseases were natural occurrences" (7).

Aristotle, a contemporary of Hippocrates, also played a significant role in the evolution of medicine through his literary, philosophical narratives. Best known for his refreshing postulations in *Poetics*, Aristotle also has some prominent narratives on the biological composition of man, which help to create a significant link between the humanities and medical science.

On what has come to be known as poetry therapy, credit must be given to the song-poetry of the biblical David. For instance, David's use of the lyre to cure Saul of some strange, tormenting spirits (1 Samuel, 16: 14-23) attests to the medicinal or redemptive import of poetry and music to the human mind. Also, Kekeghe (2018) observes that, "in African societies, traditional bards use song-poetry to heal depression and melancholia" (2). Music, poetry and dance have been extensively theorized as having some sort of spiritual and psychological benefits in traditional Africa (Nketia, 1962). However, this informal relationship between the humanities and medicine was somewhat overlooked until the 20th century. Omobowale (2018: 7) makes this point clear enough:

Thus, although, the symbiotic relationship which exists between literature and medicine had been identified and acknowledged as far back as the classical age, there was hardly any effort to harness the resources and genius of this unique relationship by encouraging a common forum of intellectual discourse of the subject until 1972.

This is to say that the formal emergence of Literature and Medicine, as an academic subspecialty, began in 1972, and it is traceable to Joanne Trautmann-Bank.

Literature and Medicine: Formal, Academic Synergy

Literature and Medicine, which is currently enjoying a mutual, beneficial relationship at the moment, was made possible by a good number of thinkers and scholars both in the humanities and medicine. Perhaps, the mutual relationship which is now enjoyed by the literary and medical

disciplines was engendered by C. P. Snow's (1959) lecture which hinges on the need for the sciences and the arts to collaborate for social advancement. Snow's lecture, which aimed at bridging the gap between the scientific and artistic culture, revolutionised the general outlook of bioscience, including medical practice.

However, the most significant, formal synergy between medicine and literature is traceable to the appointment of Joanne Trautmann-Bank in 1972 to the Faculty of the Pennsylvania State University College of Medicine, at Hershey, as the first with a Ph.D in literature to hold such a position in a medical school (Jones, 1990). Her appointment became a major springboard in the humanisation of the medical profession through the instrumentality of literary phenomenology.

Anne Hudson Jones (1990) reveals:

Literature and medicine as a contemporary academic subspecialty is said to have begun in 1972, with the appointment of Joanne Trautmann Banks to the faculty of the Pennsylvania State University College of Medicine at Hershey. She was the first person with a Ph.D in literature to hold a full-time faculty position in medical school in this country (America) and probably the world (p. 22).

Thus, the appointment of Trautmann Banks as the first full time Professor of literature at US medical school led to some dramatic changes that influenced the relationship between literature and medicine in countless ways. Since it was the first time a literary scholar was holding a position in a medical school, it was a revolutionary trend in the medical profession. As a Professor of Literature, Trautmann-Banks employed literary approach to teach medical ethics; and this marked the turning-point in the medical curriculum of universities in the US, UK, Canada and Australia. The effort made to further establish a journal in the field, titled, *Literature and Medicine* in 1982 by Banks and Jones in collaboration with four other scholars concretised the rooting and budding of literature as a formal academic discipline.

The relationship between modern literature and medicine has been since the beginning of the written word. This, however, did not gain as much earlier critical attention as subject like literature and history, literature and society, literature and gender, literature and politics and literature and cultural studies. Claude E. Jones, in his article, “Tobias Smollett (1721-1771)—The Doctor as a Man of Letters” (1957) shows that the literary representation of human health experiences had been right from the beginning of written literature:

Throughout its long history, literature has been much indebted to medicine and surgery and to their practitioners. In early ages, when healing and religion were more closely identified than they are at present, the distinction between prophet and doctor was undoubtedly difficult to draw, and the man of medicine appears in many cultures also as a man of religion. Notable examples of the latter are Saint Luke and Maimonides; and the effects of the writings of the former on the literature Christian Europe since classical times would, for example, be impossible to estimate. Furthermore, the medical theory of the humors provided elements of character conception and treatment for writers in drama and other fiction from classical times down to the nineteenth century and was only superseded in importance by the relatively modern concepts of medically based psychology as that science became popularized and thus available to lay authors (337).

G. S. Rousseau (1986) and Mark Micale (2007) state that the humanities and medicine had earlier enjoyed a mutually beneficial relationship which was temporarily ruined in the modern period as a result of the devastating effect of the First World War that put an end to different forms of liberal arts education which physicians had been exposed to in the previous centuries. McManus (1995), however, reveals that the quests to include the humanities in medical education began in the 1960s. By the late 1980s and early 1990s, many medical doctors in Europe and North America, who perceived the absence of humanness in general medical practice, believed that the interface between literature and medicine will help humanise medical practice.

From the perspective of the writer, the synergy between literature and medicine has a long history of emergence. Mary Shelly's *Frankenstein or The Modern Prometheus* (1817) has been perceived as one of the earliest novel that shows the import of literature in medical practice. Shelly, in the novel, reveals that biomedicine will be less effective if the humanities are not incorporated in the scientific technology of human health management. On this note, Beveridge declares:

In fact, recent years have seen a resurgence of interest in the relationship between medicine and the arts. There has been the publications of the insistence that reading literature can help doctors better understand the “narrative” of their patients and the creation of the centre for Arts and Humanities in Health and Medicine at Durham University. Medical schools such as Glasgow and Birmingham now offer modules in the humanities. Such developments spring from the beliefs that it is beneficial for doctors to be exposed to the arts; that somehow it makes them better clinicians (2).

This is to say that for some decades now, physicians have been building their humanness through the study of literary texts. In spite of the emphasis on a biomedical and scientific approach for the practice of medicine, doctors have maintained interests in the art, and literature has been recognised as a valuable instrument in clinical practice (Neve, 1993, McLellan, 1996, 1997; Jones, 1990, 1996, 1997; Abse, 1998; Taylor and Kassal, 1998). The varying revelations of these scholars help to validate the mutual relationship shared by medicine and literature; and they are chief catalysts for the institutionalisation of literature and medicine as an academic discipline.

Allan Beveridge (2009) emphasises that that literature helps to “deepen the understanding of suffering and confer wisdom on clinical practice” (p. 1). Beveridge, therefore, gives a survey of physician-writers, cutting across three centuries— eighteenth, nineteenth and twentieth century— to show the close interaction between medicine and literature. Some of the physician writers that make Beveridge’s list are: John Keats, Tobias Smollet, Georg Buchner, Anton

Chekhov, Arthur Conan Doyle, Mikhail Bulgakov, Arthur Schnitzler and William Carlos William. Medical and literary scholars have pointed out that in the practice of medicine, a purely biomedical or bioscientific model offers a limited view of human beings; physicians are, therefore, encouraged to engage in a deeper understanding of their patients, taking into consideration, their emotional and existential aspects of life which literature offers (Cawley, 1993; Downie, 1994; Omobowale, 2001; 2008; Oyebode, 2009 and Beveridge, 2009).

The argument is that the aesthetics of literary narrative and analysis, if adopted by the medical practitioner, will facilitate the development of better and more deepened interpretive skills that will help improve on clinical practices (McLellan and Jones, 1996; Greenhalgh and Hurwitz, 1998 and Beveridge, 1998 and 2009). Illustrating this point further, Beveridge (2009) states that “several literary devices have clinical resonances”; and that, “the techniques involved in understanding and analyzing a novel can be applied to the understanding of a patient discourse” (Beveridge, 2009: p. 5). This is why Martyn Evans (2009) affirms that clinical medicine is both practically and theoretically inseparable from the humanities, and that a systematic study of medicine reveals its link to literature, history, ethics, philosophy and psychology (Evans, 2009: p. 18). Toulmin (1993: p. 232) posits that there is a connection between the existential and the natural world which must be harnessed in the study and practice of medicine.

In an interview which Omobowale had with James Ene Henshaw, a Nigerian-physician writer, Henshaw maintains that “literature and medicine are very, very related” (p. 257); he stresses further that in all his years of practice as a physician, he encouraged his patients “to write about their experiences or read about the experiences of other people who have been able to surmount a myriad of debilitating illnesses” (p. 257). Another Nigerian-physician writer, Anezi Okoro, also confirms the point made by Henshaw (Omobowale, 2011: p. 248). This shows that literary texts

that explore medical themes are good resource materials for the physician; literature, generally, humanises the physician, who is in the business of human health management.

Consequently, what we now classify as literature and medicine followed stages of evolution. In other words, physicians, literary writers and critics have been harnessing efforts to make the practice of medicine more beneficial through the incorporation of literary strategies to humanise medicine. The origin of literature and medicine is facilitated by some grand-breaking works, which are regarded as pioneering and canonical works in Literature and Medicine. Such studies were carried out by both physicians and literary scholars.

In McLellan's essay, "Literature and Medicine: Some Major Works" (1996), she highlights some of the earliest studies that are categorized under the ambit of Literature and Medicine. They are: George Eliot's *Middlemarch* (1874); Leo Tolstoy's *The Death of Ivan Ilyich* (1886); Thomas Mann's *The Magic Mountain* (1924); Sinclair Lewis's *Arrowsmith* (1925); Albert Camus *The Plague* (1968) and Aleksandr Solzhenitsyn's *Cancer Ward* (1968). These works, according to McLellan, "are indispensable for understanding the intersection of the two apparently different disciplines" (1014). What makes these texts relevant in Literature and Medicine is the representation of human health and medical experiences in them. This is why McLellan reveals that any major literary texts in literature and medicine should explore "medical practice or epistemology, the history of medicine, or the experience of illness, patienthood, disability... they must represent the tangled verbal knots of body and self, illness and culture" (1014). In other words, for literary works to be relevant to Literature and Medicine, they must represent what McLellan regards as "medical themes", and such works should stimulate in the reader, a deep feeling of empathy about death and dying, the transience of life and mortality of man (McLellan, 1996; Omobowale, 2018).

Also, in Jones' essay, "Literature and Medicine: An Evolving Canon" (1996), she identifies a good number of literary texts that foreground medical themes as relevant, canonical works in Literature and Medicine. Texts like, the biblical Book of Job, Sophocles' *Philoctetes*, Eliot's *Middlemarch*, Tolstoy's *The Death of Ivan Ilyich*, Mann's *Death in Venice*, Kafka's *Metamorphosis*, Camus' *The Plague* and Garcia-Marquez's *Love in the Time of Cholera* are among the canonical literary texts on Literature and Medicine mentioned by Jones in her essay. The underlining point is that the creative works above explore themes of illness, suffering, death and recoveries, and this makes them relevant materials for physicians. This is so, because, in the practice of medicine, medical doctors must encounter the critical human conditions foregrounded in these texts.

The establishment of relevant academic journals like *Lancet*, *Medical Humanities*, *Arts Medica*, *Body Electric*, *Healing Muse*, *Journal of Poetry Therapy*, *Journal of Literature and Medicine* and *Atrium* help, in no small way, to revolutionise and expand the academic compass of the discipline of Literature and Medicine, right from the 20th century till date.

It is, however, crucial to note that, Literature and Medicine, as a discipline, has attained high visibility in Western countries, but that is not the case in African countries. For instance, a pioneering effort on the synergy between literature and medicine in Nigeria is that of Omobowale's (2001) examination of medical issues in the creative works of a good number of Nigerian physician-writers, which has culminated in the introduction of a course called Literature and Medicine, in the University of Ibadan as an elective course for postgraduate students of English. Though, in Nigeria, a notable number of physician writers such as James Ene Henshaw, Anezi Okoro, Latunde Adeku, Wale Okediran, Tolu Ajayi, Femi Oyebode,

Marthin Akpaa, Eghosa Imasuen among others have emerged, who sometimes foreground medical issues in their works, Nigerian Medical schools have not seen the worth of literature in promoting bioscientific and biomedical practices.

Other studies in Literature and Medicine in Nigeria have been significantly inspired by Omobwale's research. Sola Owonibi's (2010) study on autobiographical narratives by patient-writers is also a worthy effort aimed at promoting the discipline of Literature and Medicine within the ambits of the Nigerian academic environment. Also, Stephen Kekeghe (2018) examines psychiatric conditions in Nigerian literature, drawing texts from the three literary genres. Kekeghe's study is in the domain of Literature and Psychiatry, a subspecialty of Literature and Medicine. These three studies were all done in the University of Ibadan's Department of English. Also worthy of note is Femi Eromosele's thesis (2019), which examines madness and disability in African fiction. Eromosele's study was carried out in the Department of English in University of the Witwatersrand, South Africa.

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Unit 2:

Meaning, Nature and Significance of Literature and Medicine

Literature and medicine lies at the intersection of the art, humanities and medicine. It is an academic specialty that examines the literary representation of human's pathologies and healing, medical ethics and other experiences that border on human health and biomedical experiences (McLellan, 1996, 1997; Jones, 1990, 1996; Peschel, 1980; Rosseau, 1981; Rabu, 1982; Churchill, 1982; Pellegrino, 1982; Carter, 1986; Calman, 1996; Pasty, 1987; Abse, 1998; Taylor and Kassal, 1998; Omobowale, 2001; Oyeboade, 2002, 2009; Evans, 2003; Owonibi, 2010 and Kekeghe, 2018). Literature, from the observation of these scholars, helps foster effective medical practice, facilitates psycho-healing and creates adequate awareness on the manifestations of physical and mental illnesses. These potent, medical roles performed by literature, no doubts, attest to its social function as a discipline that explores every other domain of human's knowledge. The curriculum of Literature and Medicine has been well developed and promoted in Europe and North America, and there are relevant journals that facilitate its sustainability as a unique, interdisciplinary field of study.

In the essay, "Why Literature and Medicine?"(1996), Faith McLellan and Anne Hudson Jones convey the humanistic role which the correlation between medicine and literature offers to clinicians. They note that medical students are exposed to literary texts so as to be adequately

equipped with the experiences of life and its complexities. This knowledge of the analysis of characters and situations which literature offers, affords physicians the opportunity to interact more efficiently and humanely with their patients.

Oyebode (2002) and Evans (2003) highlight the important role which literature and the humanities play in modern medical education. Oyebode (2009) further states that the emergence of Literature and Medicine, as a discipline, was engendered by the poor physician-patient relationship that became the resultant effects of technological or scientific advancements. According to him, “the argument for including the humanities within undergraduate curricula has in the main been won”; in “the USA, where medicine is studied as a graduate subject, a substantial proportion of students come into medicine after a first degree in the liberal arts” (Oyebode, 2009: p. 224). In other words, scholars have perceived the humanizing role of literature, which is instrumental in effective medical practice. Physicians who read literary texts, especially texts that foreground medical themes like illness, mortality and ethical issues of medicine, are said to be more efficient and humane in handling patients.

This is why Evans (2003) notes that literature helps to stimulate a humanistic approach to physician-patient relationship, thereby making biomedical practice more rewarding. This is why Kenneth C. Calman (1997) also believes that the art and humanities help to build more humane doctors who consider human feelings while responding to their patients’ health conditions. G. S. Rousseau’s essay, “Literature and Medicine: The State of the Field” (1981) also reveals the significance of the two interfacing disciplines— medicine and literature— for better medical practice and education. According to him, “medicine has made its appearance at unpredictable times in literature”(406), and this was initially overlooked by medical historians. Omobowale

(2001) summarises the views of these scholars when he concludes aptly that that “literature assists in making medicine a more people-oriented and outward looking profession” (p. 15).

Conclusion

The discussion in this module reveals the origin and evolutionary development of Literature and Medicine as an autonomous, interdisciplinary field of study. It is evident in the discussion that literature and medicine had, for centuries, maintained a synergy. This, however, was overlooked until the twentieth century, when it witnessed a formal birth by Joanne Trautmann Banks. The module is made up of two units. The first unit examines the informal and formal relationship of interdisciplinarity shared between medicine and literature while the second unit is concerned with the meaning and nature of Literature and Medicine as a discipline. The functional significance of the discipline in facilitating improvements in medical practice and human health is also discussed in the second unit. You have learnt in the discussion above that literary texts that foreground medical themes and ethics are relevant materials in the field of Literature and Medicine. This is to say that any creative work— either by physician, patient and non-physician— which explores themes like illness, disease, psychotherapy and the ethical relationship between patient and medical doctor should be seen as a relevant text to be studied in Literature and Medicine.

Summary

- The interface between literature and medicine is demonstrable in two stages of evolution— informal and formal (academic) synergy.
- Literature and Medicine is concerned with the representation of human health conditions and ethical issues in literary texts.

- Literature and Medicine as a discipline helps to promote effective health awareness and it humanizes medical practice.

Tutor Marked Assignment

1. Examine the origin and evolution of literature and medicine, highlighting major journals, essays and scholars that made its sustainability possible.
2. With reference to relevant essays and scholarly statements, discuss the nature of Literature and Medicine as a unique interdisciplinary field of study.

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MODULE 3:
LAYERS OF LITERATURE AND MEDICINE

Introduction

This module examines the different layers or classes of literary texts that fall within the ambit of Literature and Medicine. Scholars, overtime, have identified the categories of literary texts that are studied in medical humanities classes; they include: works by patient-writers, works by physician-writers and works by non-physician writers. In such texts, the authors explore the humanism that characterises the literary representation of the human health condition, and this includes experiences that border on illnesses, diseases and ethical issues of medicine.

Objectives

- To familiarise you with the categories of literary texts that are qualified to be studied in Literature and Medicine classes.
- To expose you to the focus of such writers and the background from which they are writing.
- To enable you appreciate, independently, texts that explore illnesses and clinical issues.

- To guide you in the selection and analysis of texts that are qualified to be studied in Literature and Medicine classes.

Main Contents

Creative Works by physician-writers

Creative Works by patient-writers

Creative Works by non-physician writers

Unit 1:

Creative Works by Physician-Writers

Physician-writers have maintained a long tradition of using literature to create awareness of biomedical experiences. Like literary production, doctors require a lot of creativity and innovation because they rely on training, experience and intuition. There is, therefore, the “art of medicine”, which help physicians develop their perceptions on diagnoses and treatments. So, in the development of Literature and Medicine as a discipline, creative works by physicians occupy a significant position. This is given the fact that doctors, who are commonly exposed to experiences of childbearing, illness and mortality, are placed in an exclusive position to convey an accepted truth about humanness and its inadequacy. In the article, “Literature and medicine: Physician-Writers” (1997), Faith MceLellan, examines the creative works of medical doctors, which provide some clarifications on biomedical successes and failures; they help to make suggestions for the institutionalisation of policies that may lead to the advancement of the health sector. MceLellan observes:

The list of men and women who have combined medicine with literature is long and variable, depending on the whims of the compiler. Some writers began but did not finish medical school; some finished their studies but never practiced, some eventually abandoned practice for fulltime writing; and very few managed to juggle both occupations through their lives (p. 564).

Allan Beveridge (2009) acknowledges that creative works by physician-writers are very essential texts in Literature and Medicine, noting that such works, which foreground human's pathologies, help to "deepen the understanding of suffering and confer wisdom on medical practice" (1). Some of the physician-writers that make Beveridge's list are: John Keats, Tobias Smollet, George Buchner, Anton Chekhov, Arthur Conan Doyle, Mikhail Bulgakov, Arthur Schnitzler and William Carlos William. Studies like C. L. Dana's *Poetry and the Doctors: A Catalogue of Poetical Works Written by Physicians* (1916), W. Osier's "John Keats—The Apothecary Poet" (1896), L. W. Wagner's "William Carlos Williams: Poet-Physician of Rutherford" (1968) and R. Coles' "William Carlos Williams: A Writing physician" show the productive writings of medical doctors who believe that literature facilitates better medical practice.

D. C. Bryant's "A Roster of Twentieth-Century Physicians Writing in English" (1994) highlights the place of physician-writers in literature and medicine. The article attempts a review of different foundational texts of Literature and Medicine, establishing the role played by physician-writers in thematising illnesses, medicalisation, recoveries and clinical experiences.

Bryant submits:

Throughout the twentieth century, and long before the emergence of literature and medicine as an identified field, scholars have been intrigued by physicians who write creatively. Bibliographies, anthologies, and collections of work by physician-writers reflect an ongoing interest in this phenomenon. In 1916, Charles Dana offered *Poetry and the Doctors*, a bibliographic list, based largely on his own library, of 160 physicians who had produced literary works since classical times. In 1945, Mary Lou McDonough published *Poet-Physicians*, an anthology

of poems by some 100 physicians, followed by an index of over 380 poet physicians dating as far back as Lucretius and St. Luke. Twenty years later, the New York Public Library printed *Doctors as Men of Letters*, a catalog of an exhibit from its Albert A. Berg and Henry W. Berg Collection, which provided biographical summaries of 80 medically trained individuals beginning with Linacre in the fifteenth century. From the 1970s through 1990, several additional listings have appeared. Joanne Trautmann and Carol Pollard's *Literature and Medicine: Topics, Titles & Notes* was one of the first publications to link literature with medicine formally. Its annotated bibliography of literary works that treat medical themes also identifies physician-writers. The American Physicians Poetry Association Library, established at the College of Physicians of Philadelphia in 1982, contains volumes from thirty-odd nineteenth- and twentieth-century physicians (284).

Anne Hudson Jones's "Literature and Medicine: Physician-Poets" (1997) identifies some physician-writers, who use poetry to explore clinical and psychotherapeutic experiences. It is the same topical issue that informed M. Moore's "Afterthought or a Memorandum on Medical Poets" (1945). According to Moore (1945), the physician-poet is remarkable in characterising medical experiences and human emotions:

We should study the physician who is a poet more as well as all poets. We should study all poets more and all physicians and all people and their personalities for that matter if we are ever going to know what poetry really means and what poetry really is.

The poet-physician tells us something about himself in the poetry he leaves behind for us to read but he, alas, is gone and not available for questioning. We can say that what he writes about is essentially the same as all poets write about or what poets in general write about. The way he writes is possibly a little different. As a human being, he is interested in people and ideas, especially relative to well-being.

The physician-poet on the other hand is more realistic and characterological than the general non-medical poet (197).

Emmanuel Babatunde Omobowale's study, "Literature and Medicine: A Study of Selected Creative Works of Nigerian Physicians" (2001), examines the literary products of a good number

of physician-writers in Nigeria. This study, which is acknowledged as a pioneering work on Literature and Medicine in Nigeria, investigates the social vision of the writers, especially, in relation to social and human pathologies. The physician-writers that constitute the content of Omobowale's thesis are: James Ene Henshaw, Anezi Okoro, Latunde Adeku, Wale Okediran, Tolu Ajayi, Femi Oyebode and Marthin Akpaa. In this unit, some prominent physician-writers are discussed and their canonical works, highlighted.

Tobias Smollett (1721-1771)

Tobias Smollett is a physician-writer in the 18th century, most celebrated for the picaresque tradition of novel writing. Smollett studied medicine at the University of Glasgow during the 1730s. After a brief term as an apprentice surgeon in Glasgow in 1739, Smollett moved to London in order to pursue his literary ambitions. His works include, drama: *The Regicide* (1749) and *The Tears of Scotland* (1747), poetry: *Advice* (1746) and *Reproof* (1747), novels: *The Adventures of Roderick Random* (1748), *Peregrine Pickle* (1751), *The Adventures of Ferdinand Count Fathom* (1753), *The Adventures of Sir Launcelot Greaves* (1761) and *The Expedition of Humphrey Clinker* (1771). Ashworth Underwood, in his essay, "Medicine and Science in the Writings of Smollett" (1937), examines the exploration of illness, diseases and medicalisation in the literary products of Tobias Smollett.

In a similar vein, Claude E. Jones, in his article, "Tobias Smollett (1721-1771)—The Doctor as a Man of Letters" discusses Tobias Smollett as a physician-writer, whose creative works help improve medical practice through the humanising quality of literary language and narrative. Claude also provides a list of a good number of medical doctors who undertake the vocation of imaginative writing. He reveals:

Also vital to the development of imaginative literature have been contributions of authors with medical training, interests, and experience. Notable among these are Rabelais and Thomas Lodge in the Renaissance; Goldsmith and Smollett in the Neoclassical period, and— more recently— Keats, Conan Doyle, and our own contemporary and fellow countryman, William Carlos Williams. Besides these, there has been in every age a whole galaxy of lesser figures, particularly in the eighteenth century England, when many professional men— lawyers and ministers as well as doctors— increased their social standing and supplemented their incomes by literary work. It is not surprising to find physician among these writers, because of their wide acquaintance with mankind. In fact, the physician as a novelist brings unique knowledge to the treatment of character and setting (337).

In most of the novels of Smollett, he explores medical experiences, especially illnesses, diagnostic strategies, medication, death and recoveries. Before Smollett abandoned medicine for literature, he wrote an essay in 1752, which explores the sordid experiences of health facilities and the dehumanisation of patients by care-givers. In the essay, Smollett reveals that in the great hospitals of the nation, basic principles of hygiene are brazenly overlooked; and “diseased persons of all ages, sexes and conditions [...] are promiscuously admitted into an open Bath, which affords little or no shelter from the inclemencies of the weather” (Underwood, 1937: 963). Smollett’s hospital experiences, as a physician, shaped his literary imaginations; as Underwood puts it, “Even when he is writing [...], there is something in his descriptions which marks the man who has himself handled patients and treated their maladies” (965).

In Smollett’s novel, *Humphrey Clinker*, for instance, the semi-quack Dr L—n, diagnoses Brambles health condition to be dropsical or facies leucophlegmatic. He arrives at this diagnosis because Brambles suffers from droplet and his ankles swell. Bramble, unsatisfied with this diagnosis, conveys his resentment in a letter he sends to Dr Lewis:

He told me the other day, with great confidence, that my case was dropsical; or as he called it, leucophlegmatic; a sure sign that his want of experience is equal to his presumption; for, you know, there is nothing analogous to the dropsy in my

disorder. I wish those impertinent fellows, with their rickety understandings, would keep their advice for those that ask it. *Dropsy*, indeed! Sure I have not lived to the age of fifty-five, and had such experience of my own disorder, and consulted you and other eminent physicians so often and so long, to be undeceived by such a—. But without all doubt the man is mad, and therefore what he says is of no consequence (42)

In the postscript, Bramble adds: “ P. S. – I forgot to tell you that my right ankle pits; a symptom, as I take it, of its being *adematous*, not leukophlegmatic”. Smollett’s narration of human’s health condition is also evident in *Peregrine Pickle* (1751). In *Peregrine Pickle*, a meeting of authors is taking at a house when a cry of fire outbreak is raised. The chairman of the meeting jumps from the window on to a passing chair in which a beau was being carried. The latter was so much upset by the fright, “that he was seized with a delirium, and lay a whole fortnight deprived of his senses; during which period he was not neglected in point of medicines, food, and attendance, but royally regaled, as appeared by the contents of his landlord’s bill” (47).

As in the two novels of Smollett briefly discussed above, similar episodes of human health depreciation and treatments are foregrounded in other of his novels. In *Count Fathom*, there is a good description of repeated hysterical fits which affected Miss Biddy; Mrs Clewline in *Sir Launcelot Greaves* underwent series of hysterical fits and other health complaints, which seemed to have a fatal effect on her brain and constitution; and in *Roderick Random*, there is an interesting description of an epidemic which wrought havoc in the fleet. These novels underscore the social vision of Smollett as a physician-writer who uses his artistic vocation to convey human health experiences.

John Keats (1795-1821)

John Keats, the romantic poet, was a physician trained as an apothecary and a surgeon. Keats embarked on the writing of poems after his formal medical training. In 1819, Keats composed six odes which are the most celebrated of his poems till date. The odes are: “Ode on a Grecian Urn”, “Ode on Indolence”, “Ode on Melancholy”, “Ode to a Nightingale” and “Ode to Psyche”. Other works of Keats also published in 1819 are: *Endymion*, “The Eve of St. Agnes”, “La Belle sans Merci”, “Hyperion”, “Lamia” and a play, *Otho the Great*.

In some of Keats’ poems, he explores the scientific and medical culture, including physical and mental pathologies. He privileges the therapeutic power of imagination over bioscientific invention and medicine. For instance, in the poem, “Lamia”, Keats demonstrates that the scientific knowledge is so mechanical that it hinders our individual’s responses to natural beauty, which is the hallmark of artistic imagination. Keats notes in “Lamia” that, the knowledge of what the rainbow actually is, based on scientific postulations, ruins our sense of wonder each time we perceive the rainbow in the sky. The poetic persona reveals:

There was an awful rainbow once in heaven:
We know her woof, her texture; she is given
In the dull catalogue of common things (Part 2, II: 23-233).

This implies that Keats, a trained physician, expresses his allegiance to the humanities, given its empathising and morally redemptive values. As a trained medical doctor, taking up the vocation of literary imagination, Keats explores experiences that border on illnesses, diseases, death and recoveries. Keats’ exploration of pathological conditions is based on his personal experiences of illnesses, suffering and mortality, both in his medical practice and private life— his father fell from a horse and died; the mother and uncle died of unspecified health decline; his brother, Tom, died of tuberculosis in 1818, and Keats was fully engaged in nursing his sick brother (Everest,

2004; Ruston, 2014). Keats, himself, suffered some health conditions and it is recorded that he died of tuberculosis at the age of 25. These experiences of ill-health informed the contents of most of the works of John Keats; he expounds the synergy between medicine and poetry.

Sharon Ruston, in an essay, entitled, “John Keats, Poet-Physician” (2014), links Keats’ medical practice with his poetry and illustrates that, beyond the humanisation of medical practice, poetry can act as medicine. Lockhart, a major critic of Keats’ poetry, accuses Keats of writing poems that imitate medicine, which weakens the reader by inducing sleep.

Keats’ exploration of both mental and physical health is evident in his poetry. In “Ode to a Nightingale”, Keats unfolds the redemptive power of poetic imagination to mental health. The poet, who was nursing traumatic memories, heard the soothing rhythm produced by a nightingale, which takes away the poet’s feeling of mental distress. Keats, in the poem, believes that through the power of artistic beauty and imagination, one could receive mental recuperation. The beautiful rhythm generated by the sound made by the nightingale bird, and what Keats perceives as the songbird’s happy mood, elicit his own mood of joyous elation:

My heart aches, and drowsy numbness pains
My sense, as though of hemlock I had drunk
Or emptied some dull opiate to the drains

...

Tis not through envy of thy happy lot,
But being too happy in thine happiness,
That thou, light-winged Dryad of the trees
In melodious plot
Of beechen green, and shadows numberless,
Singest of summer in full-throated ease.

(L. 1-10)

The poet admires the joy of the nightingale which contrasts sharply with his experience of pain and mental depression. The nightingale’s song makes him feel as though he has drunk

“hemlock” or “emptied some dull opiate to the drain” (L. 1-3). Opiate, sometimes called narcotics, are drugs prescribed to relieve pains. The poetic persona believes that the consumption of the nightingale’s song is like a medicine that takes his mind away from the troubles of this world: “That I might drink, and leave the world unseen,/And with thee fade away into the forest dim” (L. 16-17). Keats’ narration of human’s suffering and mortality in the poem conveys the contrast between the despairing world of human beings and the soothing, natural world of the bird:

What thou among the leaves hast never known,
The weariness, the fever, and the fret
Here, where men sit and hear other groan;
Where palsy shakes a few, sad, last gray hairs
Where youth grows pale, and spectre-thin, and dies;
Where but to think is to be full of sorrow
And leaden-eyed despairs,
Where Beauty cannot keep her lustrous eyes (L. 19-25).

John Keats’ appropriation of human pathologies, mortality and psychotherapy in his poetry is, obviously, informed by his background as a trained physician. The experiences of illness, sufferings and deaths are drawn from both his public medical practice and private family life.

Oliver Goldsmith (1728-1778)

Oliver Goldsmith was an Irish physician-writer— a novelist, playwright and poet. In 1749, he earned a Bachelor of Arts degree at the University of Dublin and later obtained a degree in medicine at the University of Edinburgh in 1755. In 1756, Goldsmith settled in London where he held various jobs, including an apothecary’s assistant and an usher of a school. Apothecary is a medical parlance used to describe a medical professional who formulates and dispenses drugs or medicine to physicians and patients. The apothecary also offered medical advice and a range of

services that are now performed by other specialist professionals like surgeons and obstetricians (King, 2007: 80). Though there were conflicting narratives about Goldsmith earning a medical degree, Raymond Crawford, in his essay, “Oliver Goldsmith and Medicine” (1915), offers a reliable perspective on Goldsmith’s forage into the medical profession:

... in 1752, when the family oracle, Dean Goldsmith, of Cork, propounded the opinion that providence had fashioned him for nothing else than a doctor. The first-fruit of this advice seem to have been the attendance of Oliver at some curses in Dublin. This is affirmed by Glover, who himself, commenced the study of medicine in Dublin, and had therefore every opportunity of knowing. Be it noted also, in passing, that this same Glover states that it was at Louvain that Goldsmith obtained his medical degree. For some reason which we do not know, but which in view of the record of his previous turbulent residence in Dublin we may guess, it was decided that the heavier soil of Edinburgh would be more favourable to the growth of this very capricious sapling. So to Edinburgh he went in the autumn of 1752. Of his presence in medical school, at the end of October, 1752, there is documentary evidence in the extant class-rolls of the professor of anatomy (7-8).

So, it is on record that after taking the degree of Bachelors of Arts, Goldsmith went further to study Physic and took the degree of M.B. Oliver Goldsmith is, therefore, acknowledged as a physician-writer. His works include: *Vicar of Wakefield* (1766), a novel; *The Deserted Village* (1770), a pastoral poem; *The Good-Natur’d Man* (1768) and *She Stoops to Conquer* (1771), plays. He is also the author of *The History of Little Goody Two Shoes*, a classic children’s book.

Anton Chekhov (1860- 1904)

Anton Chekhov was a Russian playwright, short-story writer and physician. As a physician-writer, Chekhov manifests dual profession, first, as a medical doctor and second, as a writer and lover of literature. This notion is evident in his declaration: “medicine is my lawful, wedded wife, and literature is my mistress” (qtd in Jones 1997: 349). This pronouncement by Chekhov has come to be known as a prominent expression of the interface between literature and

medicine. Chekhov, therefore, practiced medicine and literature simultaneously throughout his career. In many of the short stories of Chekhov, he demonstrates that he does not hold doctors in particularly high regard. Many of the medical characters he portrays in his works are naturally flawed; their reckless actions bring about their own downfall. In the short story, “The Butterfly”, for instance, he believes that artist and writers occupy a higher position of reverence in the society. Some of Chekov plays are *The Seagull* (1895), *Uncle Vanya* (1897), *The Three Sisters* (1900), *The Cherry Orchard* (1903).

Chekhov’s stories commonly explore themes of ill-health and death as well as other experiences of healthcare. Stephen McWilliams in his book, *Fiction and Physician: Medicine Through the Eyes of Writer* (2012), observes that “Chekhov drew heavily upon his medical knowledge in his writing” and that “many of his short stories describe the daily routines of doctors” (4). In Chekhov’s short story, “Ward Number Six”, he explores medical and psychiatric knowledge and advancement. The death of Chekhov’s brother, Nikolay, from tuberculosis in 1889 is said to have influenced his work, *The Dreary Story*. In Rachel Hajar’s study, “Anton Chekhov: A Life in Medicine and Literature” (2004), she observes:

Disease features prominently in Chekhov’s stories, and his characters often suffer tragic and untimely deaths. Chekhov suffered from tuberculosis and died of the disease at the age of forty-four, hence it is not surprising that he was haunted by the notion of infirmity.

Disease and death are recurring themes and underlines Chekhov recognition that human beings are subject to forces beyond their control (66).

In Anton Chekhov’s writings, he shows his dual vocations— as a physician and a creative writer. The humanisation of his medical profession, no doubt, impacts positively on his handling of patients and other medical experiences.

Sir Arthur Conan Doyle (1859- 1930)

Sir Arthur Conan Doyle was a British writer and medical doctor. Doyle believes that surgery and writing share a close relationship of craftsmanship. He once stated: “The thing I liked best about both surgery and writing, in the beginning, was the craft” (quoted in McWilliams, 2012). To him, the suturing together of sentences in creative writing resembles the surgical exercise— both vocations share a similar craft of “scattering” and mending.

William Carlos Williams (1883- 1963)

William Carlos Williams was an American writer and physician. Like Anton Chekhov, Williams combined medicine with literature. In addition to his writing vocation, he had a fulfilling career as a medical doctor, and he specialised in pediatrics and general medicine. In “Literature and Medicine: An Evolving Canon” (1996), Jones critically locates medical themes in the creative works of William Carlos Williams and Allen Richard Seltzer, two American physician-writers, whose literary production seek to humanise medical practice. William Carlos Williams is also a poet, but he is best celebrated based on his about thirteen short stories which foreground medical themes and health care experiences (Omobowale, 2018: 16). Some of such notable short stories, which are featured in *The Doctor Stories*, include: “The Use of Force”, “The Girl with the Pimple Face”, “A Night in June”, “Jean Beicke” and “A Face of Stone”. Through these stories, Omobowale (2018) observes, “Carlos focuses on different aspects of patient-doctor relationship and one question that he asks through this work is: To what extent can a physician go in the practice of his profession to ensure the adequate care of his patient?” (16). Besides the exploration of experiences of illness and mortality, Carlos uses his short stories to narrate ethical issues in the medical profession.

Allen Richard Seltzer (1928- 2016)

Richard Seltzer was an American surgeon and author. His writings include short stories, essays and memoirs, which in most cases, convey illnesses, mortality and other experiences that border on healthcare. Richard's short stories, especially the ones featured in *Letter to a Young Doctor* (1982), are resourceful primary materials in medical humanities classrooms (Jones, 1996 and Omobowale, 2018). Among Seltzer's stories, the ones that have proven to be indispensable in medical humanities classes are: "Mercy" and "Brute", which according to Omobowale (2018), "teachers of literature in American medical schools have found to be very good illustrations of how doctors can deal with perplexing issues in medical practice" (16). Like Carlos, Richard Seltzer also foregrounds medical themes and ethics in his short stories.

Sir Geoffrey Keynes (1887- 1982)

Sir Geoffrey Keynes was a celebrated English surgeon and author, who made notable innovations in the field of blood transfusion and breast cancer surgery. In addition to his medical practice, Keynes showed a great interest in literature both in critical studies and writing. I. E. McManus, in his article, "Humanity and the Medical Humanities" (1995), uses Sir Geoffrey Keynes, to illustrate how the humanities induce humane disposition to medical doctors. According to Omobowale (2018), "Keynes believes that literature provides an access to life in a very unique way, which contributes to the intellectual growth of the physician" (8). As a biographer of English literature and English medical history, Keynes became a prominent figure in the interaction between literature and medicine. He has a lot of biographical studies on William Blake, John Donne and other English poets, some of which are: *A Bibliography of Dr Donne*, *A Bibliography of William Blake*, *William Blake (1758-1827)*, *Poems of Rupert Brooke*

(1954) and other very significant works. Keynes is therefore described as a “Blake scholar and innovative surgeon” (McManus, 1995: 1143), for the great studies he carried out on the writings of William Blake. This description by McManus clearly foregrounds the dual vocation embarked on by Keynes— medicine and literature.

Samuel Shem (1944-)

Samuel Shem (Stephen Joseph Bergman) is another physician-writer, whose works are relevant in literature and medicine. Samuel Shem is an American psychiatrist and author. His novel, *The House of God*, is a satiric novel that exposes the pathetic experiences of a group of medical interns at a fictionalised version of Berth Israel Hospital over the course of a year in the early 1970s. In the novel, he focuses on the psychological harm and dehumanisation caused by their residency training. Other creative works by Samuel Shem are, novels: *Mount Misery* (1978), *Fine* (1985) and a play: *Bill W. and Dr Bob*, which are also relevant in medical humanities classes.

Other Physician Writers

The list of physician-writers, no doubt, is inexhaustive. In Europe, North America, Asia and Africa, there are a good number of physician-writers, who use their creative works to create awareness on healthcare, as well as advance and humanise medical practice. Francois Rabelais, Sigmund Freud, R. D. Laing, A. J Cronin, Michael Crichton, Khaled Hosseini, Paul Carson, Oliver St John Gogarth, James Ene Henshaw, Anezi Okoro, Latunde Adeku, Wale Okediran, Tolu Ajayi, Femi Oyebode, Marthin Akpaa and many others, share their experiences in medical practice, and they believe that physicians who read literary works are more humane and productive. McWilliams (2012) identifies four categories of physician-writers, namely— poets,

playwright, novelists/short stories writers and the expanded case history. The writings of Sigmund Freud, especially, his countless case histories that led to his establishment of psychoanalysis from neurology, are said to belong to the fourth category. The creative works of these physician-writers and others serve as useful primary materials in medical humanities classroom.

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Unit 2

Creative Works by Patient-Writers

Creative works by patients, who narrate their experiences of illnesses and recoveries, are major study texts in medical humanities classes. Scholars have compiled pathographies by patients who narrate their physical and mental illnesses as well as their experiences with healthcare providers. One notable scholar that has compilations of patient-narratives, especially on psychological conditions, is Allan Ingram. For instance, some of Ingram's collections on mental patients' writings like *Voices of Madness* (1997) and *Patterns of Madness in the Eighteenth Century* (1998), have proven to be resourceful materials for Literature and Medicine.

The patient-writer gives a more vivid and less euphemistic representation of illness. The patient-writer, Susan Sontag, in her study, *Illness as Metaphor* (1979) challenges the use of discriminatory or derogatory terms to describe diseases and patients. Sontag condemns the use of metaphors to represent diseases, noting that the most truthful way of thinking about disease is without recourse to metaphoric representation. So, she believes that the best person to narrate diseases and the experiences that go with it is the sufferer:

I want to describe, not what it is really like to emigrate to the kingdom of the ill and live there, but the positive or sentimental fantasies concocted about that situation: not real geography, but stereotypes of national character. My subject is not physical illness itself but the uses of illness as a figure or metaphor. My point is that illness is *not* a metaphor, and that the most truthful way of regarding illness— and the healthiest way of being ill— is one most purified of, more

resistant to, metaphoric thinking. Yet, it is hardly possible to take up one's residence in the kingdom of the ill unprejudiced by the lurid metaphors with which it has been landscaped. It is toward an elucidation of those metaphors, and a liberation from them, that I dedicate this inquiry (3).

A. H. Hawkins, in his study, *Reconstructing Illness: Studies in Pathography* (1993), illustrates that patients' narratives on their health situation give medical doctors a vivid picture of the physical and emotional pains which patients undergo as a result of their ill-health. Hawkins' examination of different pathographies (narratives by patients) reveals that the patient is, perhaps, the best to convey their experiences of ill-health. He decries the too scientific and dehumanising practice in contemporary medicine, whereby physicians focus primarily on the patients' health condition instead of the emotional needs of the patient who suffers from the condition. Such over concentration on the sickness instead of the sick, Hawkins observes, leads to the dehumanisation of the patient or sufferer.

The Physician, Beat Ted Hannemann, in the article, "Creativity with Dementia Patients" (2006), observes that patient-writers assist physicians in diagnostic strategies and treatments. He illustrates that since the patients know better, how they feel about their health conditions, they give a more detailed and stimulating account that guide healthcare providers:

The patients not only bring in age-related problems and questions during the individual therapy session, but also existential questions, which might help the therapist to understand their thoughts, feelings, and reactions. It allowed me to stimulate the patients individually (61).

However, creative works by patients, who narrate their trauma and psychological breakdown, are the most commonly encountered texts by patient-writers. This, perhaps, is given the fact that every patient who suffers from any health condition manifests some anxieties due to his/her psychological and emotional response to the illness. Evidently, pathographies that are based on

physical conditions like cancer, HIV and other terminal illnesses, usually foreground the psychological trauma of the narrator, due largely, to the manifestations of anxieties, of fears and healing expectations.

No wonder, scholars recognise that the earliest works that thematise madness in literature are autobiographical narratives by mental patients, who convey their journey to and fro, madness. The idea is that, the mental sufferer, who connects to reality, is more vivid in narrating his or her own experience of plunging into madness. In Anne Hudson Jones's essay "Literature and Medicine: Narrative of Mental Illness" (1997), she reveals that the first, recognisable set of literary representation of mental illness were autobiographical narratives by mental patients. This point is validated by Femi Oyebode (2009), in his "Autobiographical Narrative and Psychiatry" and in Ingram's collection of mental patients' autobiographies, namely: *Voices of madness* (1997) and *Patterns of madness in the eighteenth century* (1998).

Sola Owonibi, in his study, "Patient-Writers' Portrayal of Disease and Psychological Trauma" (2010) examines how patient-writers convey their experiences of physical and psychological illnesses; the study draws on the works of the Nigerian writer, Tayo Olafioye, the Russian writer, Anton Chekhov, and an American writer, Susan Sontag.

It is therefore pertinent to note that creative works by the patients convey human health conditions in a more explicit, stimulating form. Such texts have been useful resource materials to healthcare professionals and in medical humanities classes.

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Unit 3

Creative Works by Non-Physician Writers

Pioneering scholars of Literature and Medicine, recognise creative works by non-physician writers, which thematise illnesses, diseases, death and recoveries as relevant primary texts in literature and medicine. In the classification of literary works on Literature and Medicine, what is most significant, evidently, is the conveyance of human's health conditions and the nature of health facilities. Some of the canonical texts in Literature and Medicine, from the pioneering stage to the present, are written by non-physicians, and the representation of illnesses and medical experiences in such works are socially and metaphorically convincing.

Literary texts like George Eliot's *Middlemarch* (1872), Leo Tolstoy's *The Death of Ivan Ilyich* (1886), Albert Camus's *The Plague* (1947), Roddy Doyle's *The Woman who Walked into Doors* (1996), Irvine Welsh's *Trainspotting* (1996), Sinclair Lewis's *Arrowsmith*, Aleksandr Solzhenitsyn's *Cancer Ward* (1968), Thomas Mann's *The Magic Mountain* (1925) and many others, are canonical works on literature and medicine, written by non-physicians. McLellan, in her essay, "Literature and Medicine: Some Major Works" (1996), describes Eliot's *Middlemarch* and Lewis's *Arrowsmith* as great novels that convey the historical evolution of modern medicine.

In Nigeria, there are a good number of writers, who represent physical and psychological health conditions, either as a central theme, or a supporting idea in the narrative. In whatever form it

takes, one comes across the social commitment of the writer by depicting experiences that border on wellness of mind and body. For instance, Emmanuel Babatunde Omobowale's play, *The President's Physician* and short story, "Canadian Blues" are major study texts in literature and medicine.

Also, novels like Bayo Adebowale's *Out of His Mind*, Biyi Bandele's *Burma Boy*; plays like Muyiwa Ojo's *Memoirs of a Lunatic*, Niyi Adebajo's *A Monologue on the Dunghill* and Tanure Ojaide's short story, "I Used to Drive a Mercedes" are common examples of creative works of non-physician writers in Nigeria that represent mental illnesses. The main characters in these texts experience different stages of mental disintegration, triggered by socioeconomic factors. The works of these writers and of other writers, like Ola Rotimi, Tracie Chima Utoh, Femi Osofisan, Esiaba Irobi, Sade Adeniran, Chris Abani, E. E. Sule, Ben Okri and Ezenwa Ohaeto informed Stephen Kekeghe's thesis, entitled, "Psychiatric Conditions in Selected Nigerian Literary Texts". In this thesis, Kekeghe examines the depictions of mental illnesses— psychotic and neurotic, in literary texts, cutting across the three genres of literature. Kekeghe's study reveals that these writers, who are non-physicians, are committed to social experiences, and have perceived at different degrees, the way madness manifests in people.

It is significant to reiterate that since human health condition is a social experience, non-physician writers have imagined and explored varying levels of human pathologies and ethical issues of medicine. Such creative consciousness and commitment is aimed at creating awareness on the different social and biological configurations of illness and diseases as well as on how efficient, issues if infirmities and the sick should be handled by healthcare professionals.

Conclusion

The discussion in this module reveals the different layers of literature and medicine, which include creative works by physicians, patients and non-physicians. In any of the three categories of texts, there should be a systematic thematisation of human health condition and biomedical experiences. The essence, of which, is to humanise medical practice while at the same time, creating awareness on physical and mental wellbeing. In this module, some literary texts and their authors have been mentioned to expose the candidates to necessary reading materials in the classroom.

Summary

- Literary works by physician-writers are major texts in Literature and Medicine
- Works by patient-writers, narrating the manifestations of illnesses and diseases are relevant texts in Literature and Medicine
- Creative works by non-physicians which explore medical and clinical themes are studied in Literature and Medicine.

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MODULE 4

TOPICAL AREAS IN LITERATURE AND MEDICINE

Introduction

This module is made up of two units and it examines the various aspects or basic themes that make up Literature and Medicine as a discipline. As highlighted above, Literature and Medicine is an academic subspecialty that explores the portrayal of “medical themes” in literary texts written by physicians, patients and non-physicians. What qualifies such texts for classifications is the representation of human health conditions (physical and psychological) and biomedical experiences in institutions that give healthcare. Such themes, as highlighted above, are discussed under two headings as follow: physical diseases, mental illness and psychotherapy; medical ethics and biomedical facilities.

2.0 Objectives

- a. To identify the various thematic areas of literature and medicine.
- b. To enable the candidates classify texts under the various areas of literature and medicine.
- c. To expose candidates to relevant primary and secondary texts that will help them understand the topic areas of Literature and Medicine.

Main Contents

3.1 Physical Disease

3.2 Mental illness

3.3 Psychotherapy

3.4 Medical ethics and biomedical facilities

Unit 1

Physical Disease, Mental illness and Psychotherapy

Scholars have identified pathologies (physical and mental) and psychotherapy (bibliotherapy and scriptotherapy) as common areas of literature and medicine. In other words, the focus of literature and medicine is the representation of illness, mortality and recoveries, which could be physiological or psychological. The significant point, to be noted here, is that Literature and Medicine, as a subspecialty, is concerned with the depiction of human health experiences in literary texts, an evidence of the altruistic vision of the committed writer, who deploys creative imagination for human and social improvement. Bennett Kravitz, in his study, *Representations of Illness in Literature and Film* (2010), declares that, for ages, writers have been demonstrating impressive commitment to humanity by exploring experiences that border on illness, treatment and death:

The idea of incorporating disease or illness in literature has been with us from the beginning of fiction writing. Take, for example, the concept of madness: there have always been narrative strands of madness, dating from the works of Homer, Cervantes and Shakespeare. Representations of illness have captured the imaginations of countless readers (p. 1).

The assertion above, justifies the claim we earlier made in this study that the representations of human health conditions is part of the social obligation of the writers whose vision is to reflect and refract society. Diseases and illnesses are social experiences which human beings continue to grapple with.

A. H. Hawkins's study, *Reconstruction of Illness* (1993), acknowledges the depictions of physical illness in literature. The study reveals that since modern medicine has become too scientific and less empathic, patients' narration of their health conditions gives physicians a clue to the experiences of the sufferers and how better their ill-health could be managed. Like Hawkins, A. Kleinman in his book, *The Illness Narratives: Suffering, Healing and the Human Condition* (1988), demonstrates that human pathologies, especially, physical illness is commonly encountered in literature. A reviewer of Kleinman's study, Phyllis Scott Carlim (1990), demonstrates that Kleinman's book is highly beneficial to patients with chronic health conditions as well as healthcare providers. In this unit, a focal attention is given to these thematic areas: physical disease, mental illness and medical ethics.

Physical Disease

Physical disease or illness is recognisably, a major constituent of Literature and Medicine, which has been investigated by a good number of medical humanities scholars. Faith McLellan's essay, "Literature and Medicine: Narratives of Physical Illness" (1997), examines the depictions of physical pathologies, which is viewed, primarily, from the perspective of the patient-narrator and an observer of the patient's health condition. In her classification of such narratives of illness, McLellan states that "the most straightforward type of illness story is a testimonial one— a chronicle of events, thoughts and feelings by an author often motivated by a desire to help others in similar situations" (1618). Some of the creative works discussed by McLellan in her essay are: *Devotions Upon Emergent Occasions* and *Death Be Not Proud* by John Donne, *Heartsounds* by Martha Wenman Lear, *It's Always Something* by Gilda Radner, *A Whole New Life* by Reynolds Price, *Autobiography of a Face* by Lucy Grealy, *Intoxicated by My Illness* by Anatole Broyard,

and *A Complex Sorrow: Reflections on Cancer and an Abbreviated Life* by Marianne A. Paget.

McLellan observes that, these narratives, which are based on the perception of the sufferers, have helped physicians and patients alike:

They have been called stories of sickness, pathographies and narratives of illness. However they are characterised, patients' stories are an increasingly important contribution to forms of autobiography and to clinical practice. They may also serve as important resources for medical education and medical ethics. These usually autobiographical stories deal with a wide range of illnesses. Obviously, persons with chronic or slowly progressive diseases are more likely to be able to write about their experiences than those in the throes of an acute, life-threatening event: thus, cancer and some neurological conditions are common topics (1618).

Donne's 17th-century work, *Devotions upon Emergent Occasions*, according to McLellan, "is an early account of rebirth that focuses on the spiritual aspects of physical suffering" (1618). The narrative is made up of twenty three tripartite sections which consist of a meditation, expostulation and prayer, put together, to describe Donne's "acute, febrile, infectious, life-threatening illness" (McLellan, 1997: 1618). Lear, in *Heartsounds*, describes the heart disease of her husband; Radner's *It's Always Something*, is about the narrator's suffering from ovarian cancer; Price's novel, *A Whole New Life*, conveys the gratitude of the writer who was able to achieve fame in creative writing despite his horrible experience with crippling spinal cord tumour; Grealy's *Autobiography of a Face* narrates the multiple surgeries which Grealy was subjected to as a result of her being diagnosed of Ewing's sarcoma, a cancer that is commonly found around the bone, which she had suffered right from her childhood. These narratives convey the horrifying experiences of sick people, whose stories were told either in the first person, autobiographical form or in the third person, observant form.

There are a large range of literary writers that imagine and explore different physical conditions in their writings. The primary objective of such writers is to create awareness on the manifestations of certain illnesses in people, the physical and psychological experiences of the sufferers and the level or degree of care provided by healthcare practitioners. Such narratives, too, provide useful information for physicians and patients.

Mental Illness

Like physical diseases, mental illness is a major theme in medical humanities. Psychological conditions in literature are classified under the ambit of literature and psychiatry, which is a subspecialty of Literature and Medicine. The formal emergence of literature and psychiatry has been traced to autobiographical writings or pathographies by mental patients (Jones, 1997; Oyeboode, 2009 and Kekeghe, 2018). Anne Hudson Jones, in her article, “Literature and Medicine: Narratives of Mental Illness” (1997), observes that, “Autobiographical accounts of mental illness have for centuries provided a fascinating window on the world of madness for those fortunate never to have sojourned there themselves” (p. 359). Femi Oyeboode (2009), in his “Autobiographical Narrative and Psychiatry”, reveals that narratives by psychiatric patients serve as useful materials to psychiatrists, who are able to connect the mental states and the feelings of their patients in asylum. Oyeboode declares:

Autobiographical narratives of mental illness are unique sources of information. They allow psychiatrists and other mental health workers a rare insight into the richness of psychopathology as experienced, rather than as drawn out and described by psychiatrists (p. 25).

The earliest forms of such autobiographical narratives by mental patients explore the religious construction of the mad as a people possessed by demons (Ingram, 1998; Kekeghe, 2018).

Pathographies like Kempe's *The Book of Margery of Kempe* (c1436), Hannah Allen's *A Narrative of God's Creation Dealings with that Choice Christian* (1683), poems in James Carkesse's *Lucida Intervallia* (1679), George Trosse's *The Life of the Reverend Mr George Trosse* (1714), Christopher Smart's *Jubilate Agno* (1763), William Cowper's *A Memoir of the Early Life of William Cowper* (1765) and *Letter to Rev. John Newton* (1790) present the mental patient as a person possessed by demonic forces. As Ingram observes, from the fifteenth to the eighteenth centuries, "autobiographical accounts representing mental illness as demon possession" flourished (Ingram, 1998: p. 2).

Gradually, the narratives of madness became quite secularised. Examples of quasi-secular and secular narratives by mental patients are: Alexander Cruden's *The London Citizen Exceedingly Injured* (1739) and Samuel Bruckshaw's *One More Proof of the Iniquitous Abuse of Private Madhouses* (1774), John Perceval's *A Narrative of the Treatment Experienced by a Gentleman During a State of Mental Derangement* (1840), Schreber's *Memoirs of My Nervous Illness* (1903), Clifford Beers' *A Mind that Finds Itself* (1908), William Seabrook's *Asylum* (1935), Mary Jane's *The Snake Pit* (1946), Janet Frame's *Faces in the Water* (1961), and Kate Millett's *The Loony-Bin Trip* (1990).

Oyebode's "Fictional Narratives and Psychiatry" (2009: p. 42-54) examines the fictionalisation of mental condition in literature. In the essay, Oyebode discusses Bronte's *Jane Eyre*, McGrath's *Spider* and *Asylum*, Plath's *The Bell Jar*, Janet Frame's *Faces in the Water*, Gogol's *Diary of a Madman* and other texts to show how writers imagine the manifestations of madness in people.

Also, Oyebode, in *Madness at the Theatre* (2012), attempts a critical survey of the historical evolution of madness in drama and the theatre, from the Greco-Roman to the 21st century. The

first essay in the book, “Greek Tragedy and Models of Madness”, Oyebode examines the different models of madness in Greek drama texts, namely, Sophocles’ *Oedipus Rex*, Aeschylus’ *The Oresteian Trilogy*, Euripides’ *Medea*, *Electra*, *The Bacchae* and *Hippolytus*. In the second essay, “Greco-Roman Comedy and Folly” he discusses the interplay of folly and madness in Greco-Roman comedy, such as Aristophanes’ *The Frog*, *The Cloud*, *Lysistrata*, *The Wasps*; Plautus’ *Amphitryon* and *The Brothers Menaechmus*.

In the third essay, “Jealousy, the Green-eyed Monster and Madness in Shakespeare” Oyebode discusses delusional jealousy and folly in selected plays of William Shakespeare, which are: *Othello*, *The Winter’s Tale*, *Hamlet* and *King Lear*. Similarly, Duncan Salkeld’s *Madness and Drama in the Age of Shakespeare* investigates episodes of madness in Renaissance literature, especially, in the works of Shakespeare, Johnson, Kyd, Dekker, Webster, Beaumont and Fletcher. Oyebode (2012) adds that Shakespeare is the first to bring tragic madness to the full purview of the public. According to him, “Shakespeare left a rich legacy of delusional jealousy, induced jealousy, melancholia, disintegrative madness, pretended madness, folly and many more in his plays” (p. viii).

Oyebode, in the fourth essay, “Ibsen and the Domestication of Madness”, examines Ibsen’s dramatisation of madness within the smaller and more intimate setting of the family which characterised the late 19th and early 20th centuries. Ibsen’s *Ghosts*, *An Enemy of the People*, *When We Dead Awaken*, *Rosmersholm*, *The Master Builder*, *John Gabriel Borkman*, *Hedda Gabler*, *The Lady from the Sea* and *A Doll’s House* constitute the analytic content of the chapter.

Finally, in the fifth essay, “Tennessee Williams and the Theatre of the Mind”, Oyebode examines the connection between the plays of Williams and the inner-life of the individual, noting that William’s art is “a masterly example of psychological examination and exposition”

(p. 59). Oyebode's study of mental conditions in the plays of Williams draws illustrations from *The Glass Menagene*, *A Stretcher Named Desire* and *Memoirs*.

It has been revealed by scholars that poetry has been very resourceful in the representation of mental conditions. Poetry has been often deployed to narrate mental distress, which may be triggered by physical pathologies. Femi Oyebode (2009), in his "Poetry and Psychiatry", draws on the works of mental sufferers such as Robert Lowell, John Burnside, Ivor Gurney, Anne Sexton, Elizabeth Jennings, John Berryman, John dClare and others, which gives an insight into the relevance of poetry in venting pent-up emotions (55-67). According to Oyebode, "poetry is particularly well suited to the expression of intense emotions such as sadness and love. This is why poetry is both written and read in response to grief or new found love. It speaks directly and somehow articulates the depth of feeling" (p. 61).

The representation of mental conditions is evident in African literary texts. Scholars have examined different episodes of insanity in literary texts by African writers. Studies like Jacqueline McDaniel's "'Madness' in Exile Literature: Insanity as a Byproduct of Subjugation and Manipulation in Bessie Head's *A Question of Power*" (2011), Khondlo Mtshali's "Psychopathology and Healing in Ayi Kwei Armah's *Two Thousand Seasons* and *The Healers*" (2009), Flora Veit-Wild's "*Writing Madness: Borderlines of the Body in African Literature*" (2006), Ayo Kehinde's "Patriarchal Suppression and Neurosis: African Women Plight in J. M. Coetzee's *In the Heart of the Country*" (2006), Stephen Kekeghe's "Creativity and the Burden of Thoughts: Deconstructing Melancholia in Wumi Raji's *Rolling Dreams*" (2017), Stephen Kekeghe's PhD thesis, "Psychiatric Conditions in Selected Nigerian Literary Texts" (2018), Emmanuel Omobowale and Stephen Kekeghe's "Greed and Ambition-Induced Psychiatric Features in Femi Osofisan's *The Restless Run of Locust* and Muyiwa Ojo's *Memoirs of a*

Lunatic” and Ehijele Femi Eromosele’s Ph.D thesis, “Narrative Comorbidity: Madness, Disability and African Fiction” (2019) have highlighted, at varying degrees, manifestations of mental illness in African literary texts.

From the pioneering to the contemporary phases of modern African literature, episodes of mental disorientation are foregrounded in content and form. Wole Soyinka’s *Madmen and Specialist*, Chinua Achebe’s *Arrow of God* and his short story, “The Madman”, Ayi Kwei Armah’s *Fragments*, Bayo Adebawale’s *Out of His Mind*, J. M. Coetzee’s *In the Heart of the Country*, Bessie Head’s *A Question of Power*, Biyi Bandele’s *Burma Boy*, Muyiwa Ojo’s *Memoirs of a Lunatic*, Niyi Adebajo’s *A Monologue on the Dunghill*, Tanure Ojaide’s short story, “I Used to Drive a Mercedes”, Brian Chikwava’s *Harare North*, K. Sello Duiker’s *The Quiet Violence of Dreams*, Aminatta Forna’s *The Memory of Love*, Valerie Tagwira’s *The Uncertainty of Hope*, Helon Habila’s *Measuring Time* are some good examples of texts by African writers used to foreground psychological challenges and disabilities.

Psychotherapy

Literature, over the years, has been recognised by medical scholars and psychologists as a discipline that facilitates mental or psychological healing. There are informal and formal instances in scholarly theorising that attest to the therapeutic import of literature. O. D. Segun, in “The Interface of Literature and Psychotherapy” (2013), admits that “the connection between literature and psychotherapy has received wide critical attention in the past” (120). Different concepts have been constructed to foreground the healing potency of literature. Some of such concepts are writing therapy, scriptotherapy, bibliotherapy, poetry therapy etc.

Writing therapy is an expressive therapy, which involves the deployment of the written word to ease feelings of emotional distress (Woolston, 2000, *CNN.com*). The act of letting out traumatic memories, through writing, stimulates psychic healing. Woolston (2000) emphasises that “putting traumatic memories into words can help ease turmoil and defuse the danger” (*CNN.com*). Writing therapy is said to be potent in fighting neurotic symptoms like depression, anxiety and anger condition.

The term, scriptotherapy, is taken from two Latin words— scriptum (thing written) and therapia (to nurse or cure). Scriptotherapy is therefore, the deliberate use of written materials or literary texts to stimulate healing outcomes. Samuel T. Gladding’s article “Scriptotherapy: Eighteen Writing Exercises to Promote Insight and Wellness” (2018) reveals that writing has a lot of benefit to human’s mental health. He avers:

Writing is a therapeutic tool which can be used for dealing with a variety of mental health issues such as anxiety, depression, ambivalence, and trauma. A number of counseling theories, like narrative therapy, have incorporated it into their therapeutic techniques. Other approaches to counseling use writing as a way to help clients sort out their thoughts and feelings while making choices (380).

Richard J. Riordan, in his essay, “Scriptotherapy: Therapeutic Writing as a Counseling Adjunct” (1996), also shows that the process of writing out traumatic episodes has been very significant in counseling psychology. As characteristic of scriptotherapy, through the art of creative writing, the repressed feelings of the writer are laid to rest, giving room for mental and emotional rejuvenation (Owonibi, 2008: 89; Kekeghe, 2016: p. 391). Also, in Owonibi’s essay, “Tayo Olafioye and Scriptotherapy: A Study of a *Stroke of Hope*”, he examines the mental benefits which Olafioye generated from poetry, which he (Olafioye) wrote during his subjection to different surgical operations.

Poetry therapy is a form of psychotherapy that falls under the broad spectrum of expressive therapy. Simply put, poetry therapy has to do with the healing potency of poetry and music to the human's mind. Poetry and music have been known as potent means of healing depression and melancholia. For instance, in the classical Greek society, Apollo is acknowledged as the god of medicine and poetry (McClellan and Jones, 1996). In "Creativity and the Burden of Thoughts: Deconstructing Melancholia in *Wumi Raji's* Rolling Dreams" (2017), Stephen Kekeghe summarises the remedial effects of poetry to the human's mind:

Poetry is perhaps the most significant literary genre facilitating psychohealing. William Wordsworth's definition of poetry as a spontaneous outpouring of human feelings recollected in moments of tranquility foregrounds the relationship between creative mentation and the writer's psychological state. One's emotions or inner life can play out in poetry as a melancholic expression of love or of inchoate moods such as traumatic episodes (294).

According to Willis Solomon (1998), "lyric poems present in richly impacted form the deflections and delusions that are the hermeneutic plunder of psychoanalytic interpretation (109)." For instance, the poet-physician, Danny Abse (1998), regards poetry as a "green placebo," foregrounding the role of poetry in assuaging symptoms of mental suffering (362-364). There are indigenous song-poems, especially in Africa, that have positive effects on the mind.

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Unit 2

Medical Ethics and Biomedical Facilities

Literature has played a significant role in enhancing effective medical practice. Medical humanities scholars like G. S. Rousseau (1986) and Mark Micale (2007) have revealed that the interplay of the humanities and medical sciences helps in building more humane and efficient physicians in the business of clinical practice. In Europe and North America, for instance, medical doctors have persistently maintained interests in the art; such physicians (both consumers and producers of literature) believe that literature helps to stimulate effective biomedical practice (Neve, 1993, McLellan, 1996, 1997; Jones, 1990, 1996, 1997; Abse, 1998; Taylor and Kassal, 1998; Omobowale, 2001). This is why Allan Beveridge (2009) affirms that literature helps to “deepen the understanding of suffering and confer wisdom on clinical practice” (p. 1). Literary works, all over the world, have shown the significance of humanistic disposition in medical practice. Writers, who crusade for improved healthcare, sometimes highlight ethical issues of medicine and the general condition of health facilities.

Medical Ethics

The lack of empathy and unprofessionalism manifested by an increasing number of physicians in the 20th and 21st centuries has led to the inclusion of literature and the humanities in medical education. The Hippocratic Oath of medicine has been explored by a good number of writers, with the aim of educating young physicians on the ethical standard of the medical profession. In Evans’s “Roles of Literature in Medical Education” (2009), he notes that literature helps in strengthening biomedical practice by instilling in medical doctors, the general principles of love, empathy and efficiency. D. S. Sheriff’s essay, “Literature and Medical Ethics” (1988), reveals that literature is a potent instrument in the education of physicians on the ethics of medicine.

Sheriff adds that through the humanistic role of literature, “basic values like compassion, love truth, righteousness are nurtured in us through such literary classics”, thereby instilling in physicians, a humane disposition (688). Physicians and medical scholars have admitted that literature helps in building more competent and compassionate doctors, who handle human health condition in a well organised atmosphere of care-giving.

A healthy relationship between the physician and patient is crucial to the wellbeing of the patient. This is why Rita Charon, in her essay, “The Patient-Physician Relationship” (2009), notes that, the patient, as a complex person faced with plethora of challenges— physical, emotional and existential, needs an efficient and empathic physician that will be able to understand and manage the multiple predicaments of the patient. The effort to improve medical practice through the instrumentalities of humanistic narratives has engendered the conveyance of medical ethics through literature. Kathryn Montgomery’s essay, “Literature, Literary Studies and Medical Ethics” (2001) examines a good number of literary texts that thematise health issues and medical ethics, which are essential in effective biomedical and clinical practice. Montgomery states:

Literature has always been an important part of ethical discourse, and the discourse of medical ethics is no exception. Short stories, novels, poems, plays, autobiographies, and film vividly represent illness, disability and dying, and thus pose many of the questions addressed by ethics and public policy (36).

Literary texts across genres and regions have been effectively deployed in medical education, especially, experiences that border on the ethics of medicine. There are relevant short stories, novels, plays, poems and autobiographical narratives that explore the ethics of the medical profession. Most of the writings of William Carlos Williams and Richard Seltzer are resourceful primary texts in medical humanities classrooms, especially when topics relating to physician-

patient relationship and other ethical issues are emphasised. In other words, Williams and Seltzer are physician writers that use literature to convey the ethics of medicine such as beneficence, patient's autonomy, non-maleficence and justice, which form the bedrock of the Hippocratic Oath of medicine.

Emmanuel Babatunde Omobowale's essays, "Literature and the Teaching of Biomedical Ethics in Nigeria: A Creative Writer's Perspective" (2006), "Literary Physicians: Nigerian Medical Students, Medicine and the Art of Creative Writing" (2009) and "Literature and the teaching of Biomedical Ethics in Nigeria: A Creative Writer's Perspective" (2006) are some reputable scholarly postulations that underscore the potent role of literature in conveying medical ethics to physicians and patients alike.

Physician-writers, patient-writers and non-physician writers have explored, at varying degrees, medical experiences and ethical issues. Williams' "The Use of Force", "Old Doc Rivers", "The Girl with the Pimple Face", "A Night in June", "Jean Beicke" and "A Face of Stone", which are published in the collection, *The Doctor Stories*, foreground ethical issues of medicine. Similarly, Richard Seltzer's stories also emphasise the ethics of medicine. Some of these stories that are commonly encountered in medical humanities classrooms are "Mercy" and "Brute", which are published in the collection, *Letters to a Young Doctor* (1982).

Omobowale's play, *The President's Physician*, celebrates the ethics of medicine through the appropriation of incisive dialogues, socially convincing characters and situations. The play centers on Doctor Bituki Warunga, a personal physician to a fictional African dictator, General Kalunga Ntibantunganyah. Warunga finds himself in an ethical dilemma, as he ruminates on whether to kill or save the life of his autocratic and eccentric boss. Using the principles of

medical ethics, as propounded by Hippocrates, as the basis of his ruminations, Warunga acknowledges that it would be unethical for him to exterminate General Kalunga Ntibantunganyah, on account of his draconian rule, since his duty, as the president's physician, is to ensure that the President continues to stay healthy to discharge his official functions, either negatively or positively. The play is anchored on the core tenets of medical ethics, which are: beneficence, patient autonomy, physician competence and responsible use of power. Also, Omobowale's well-written short story, 'Canadian Blues', which is set in Canada and Nigeria, focuses on the health industry and on issues like the deployment of adequate manpower in healthcare institutions and infrastructural development that impact positively on medical practice.

Medical Facilities

Besides the exploration of ethical issues of medicine, writers have also decried the horrible state of health facilities. Among other themes, Omobowale's short story, 'Canadian Blues', makes some critical statements on the depreciation of health facilities in Nigeria and Canada. Also, in *Seasons of Rage*, Omobowale satirises the insensitivity of the politicians towards the health sectors. In a section of the narrative, Omobowale unfolds the decaying structure of a psychiatric hospital and the pathetic condition of the mental patients in the hospital's wards. As the narrative reveals, the psychiatric hospital was once a prison, which is further suggestive of the suffocation and dehumanisation that the inmates or patients are subjected to:

The bleak Bawandan psychiatric hospital is a sprawling, two storey building, located in one of the most desolate regions of the large mountainous West African country. It was once a high security prison for Bawandan political prisoners, but the government had been forced to requisition it for the use of the Ministry of Health after an upsurge was noticed in the number of upper middle class psychiatric cases in the country (p. 103).

At a metaphorical level of interpretation, Omobowale's position is that the Nigerian healthcare system had failed many people who suffer from mental problems and had turned them into prisoners, both physically and psychologically, unable to wriggle out of their mental instability. The hospital is grossly understaffed and lacks basic medical facilities; and this is because "the vote allocated to the hospital in the nation's yearly budget was being expended on flying two foreign doctors from America to attend to the first Lady twice a month" (p. 143). This underscores the insensitivity, self-centredness and the crass wastefulness of politicians who instead of developing local healthcare institutions fritter money away on medical trips to Europe and North America. The narrator reveals the poor condition of the hospital and the dehumanization which the mental patients are subjected to in the asylum:

The whole place was in a mess and two male interns were standing over a distraught Jennifer who was gasping for breath. She was lying prostrate on the bed and her hands and feet were manacled to four stocky iron poles specially constructed for that purpose...Kubayanka moves closer to his daughter and patted her disheveled hair. In response, she snarled at him. 'She has become an animal', he muttered. Her eyes were red and watery and they did not show any sign of recognition. Kubayanka stepped away from the bed and rearranged the room. Later, he stood still, watching his restless daughter as she struggled to free herself from her chains (p. 105).

The kind of care administered in the suffocating psychiatric hospital described by Omobowale in the novel, is to say the least, dehumanising. It is pathetic that a person experiencing mental breakdown is further subjected to such inhuman treatments in the name of care-giving. So, there are literary works that narrate the state of healthcare institutions.

Conclusion

In the two units of this module, we have highlighted the different topical issues or basic themes in Literature and Medicine which are: physical disease, mental illness, psychotherapy, medical ethics and biomedical facilities. This implies that in Literature and Medicine, pathological

conditions and issues that border on the ethical practice of medicine are examined in literary texts. The essence of this discussion is to expose the candidates to the choice of literary materials that should be selected for critical analysis in Literature and Medicine classes.

Summary

- In Literature and Medicine, literary texts that explore physical and mental illnesses are studied
- The psychotherapeutic import of writing and reading literary texts is a significant area of study in Literature and Medicine.
- The literary representation of medical ethics and healthcare experiences is a topical issue in Literature and Medicine.

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MODULE 5

THEORIES AND METHODS IN LITERATURE AND MEDICINE

Introduction

This module exposes the candidates to the research methods and theories that are commonly deployed in the discipline of literature and medicine. This module is, therefore, made up of two units, each, of which, focuses on Theoretical Framework and Research Methodology respectively. Literature and Medicine is a new discipline with dual outlooks, which requires a theory that can be critically and socially relevant to its two compositions. For the decades following the emergence of Literature and Medicine, scholars have been interrogating the sustainability of a purely literary theory for the judgment and analysis of texts. It has been demonstrated, however, that Literature and Medicine is a relatively young discipline and does not have an autonomous theoretical framework yet. However, its scholars— from the pioneering to the contemporary stage, rely on existing literary theories like psychoanalysis, deconstruction, semiotics and other sociological orientations that attest to the utilitarianism which the discipline is meant to project. In some situations, scholars are silent about the theory, but that does not mean that the argument is not based on theoretical background; as G. S. Rousseau (1986) puts it, “theory is always present in research even when the researcher remains silent about it, or when it appears in confused fashion” (152).

Objectives

1. To identify critical theories and analytical methods in literature and medicine

2. To expose the students to the application of the analytical methods deployed in the study of literary texts in literature and medicine.
3. To guide them on the applicability of theoretical approaches in literature and medicine.

Unit 1: Literature and Medicine: Applicable Theories

G. S. Rousseau, in his essay, “Literature and Medicine: Towards a Simultaneity of Theory and Practice” (1986) admits that, given the dual nature of Literature and Medicine, as a sub-discipline, it requires a theory that covers the two components that make up its content— the literary and medical. Rousseau’s view is that, in order to sustain its heuristic advantage, Literature and Medicine should not be bound by any old theoretical tradition, except it fits significantly into its altruistic position:

...the matter is rather that the fundamental issues about theory in relation to Literature and Medicine are specific in the way they (the issues) relate to the developing traditions of medicine; and they (the issues) cannot be summarily reduced to “laws” described in a few paragraphs. The result is that my discussion of method implies a theoretical dimension; and by adopting this approach, I hope I am not evading theory at all. My emphasis on a method of inter-relationship as a fundamental procedure is directed towards this theoretical end.

Throughout my discussion, I am troubled by a utilitarianism I fail to disguise. My hunger is that literature should prove itself useful to the medical profession in the healing process. But even this craving embeds “practical issues” containing “theoretical” underpinnings; and I would need another essay to explain how I arrived at this belief. But the methodological consequence of my utilitarianism is that Literature and Medicine will not be any more coherent— theoretically or philosophically— whether it is useful or not (153).

The argument, which Rousseau’s thesis rests on, is that any theory that is deployed in Literature and Medicine, should, in addition to its literary perspective, foreground medical philosophy. In other words, any theory in Literature and Medicine should reveal both an embedded literary and medical presumption. In the words of Rousseau, such a theory should underscore “a history of real medicine, just as a history of real literature” (168). In the process of interrogating the sustainability of a theory in Literature and Medicine, Rousseau revolves his discussion on different methodological, conceptual backgrounds that highlight the existence of a possible theory.

In “Towards a Methodology of Inter-Relationship”, Rousseau illustrates that any theory that is suitable for Literature and Medicine should be relevant in both medical and literary studies. He affirms that “Literature and Medicine rests on a conception of a metaphor that is moored to literary history...and... to medical history as well” (158). In “Catharsis in Literature and Medicine: The Analogous Method”, Rousseau argues that Aristotelian concept of catharsis, which is used in literature and medicine, especially psychiatry, “is both an aesthetic and medical theory” (162). Though catharsis, a relevant concept of psychoanalysis in medicine and literature, has not yet developed into an autonomous theory, Rousseau seems to suggest that a theory of Literature and Medicine could be established from the Aristotle’s cathartic method on mental health. In “Patients as Authors: Archetypes of Sufferings”, Rousseau highlights an archetypal theory of disease and illness, which foregrounds semiotic and deconstructionist critical orientations. Other topical conceptual and theoretical background to Literature and Medicine as highlighted by Rousseau in his essay are: “The Physician as Humanist: Empathy as Criticism”, “The Immense Problem of Demarcation: Medicine Breaks Apart from Literature” and “The Discourse of Literature and Medicine”. All of these postulations are meant to inspire the birth of relevant theories in the sub-specialty of Literature and Medicine. This is because, in what Rousseau refers to as an immense problem of demarcation, “Literature and Medicine possesses as yet little of its own theory” (168).

Also, a study by R. Pullstinen, M. Leiman and A. M. Viljanen, entitled, “Medicine and Humanities— Theoretical and Methodological Issues” (2003), reveals the possibility of establishing a theory that is both humanistic (literary) and medical. Psychoanalysis, no doubts, fits into this dual subject of medicine and literature, since it (psychoanalysis) is both a medical and literary theory. Perhaps, apart from psychoanalysis, there is no theory in contemporary literary

studies that is also used in current medical science. This, obviously, signals the need for a critical theory in Literature and Medicine.

However, medical humanities scholars have demonstrated, both in critical and theoretical postulations, that the more pressing matter for Literature and Medicine is not the dichotomy between theory and practice but the need to sustain the altruism and the individual's heuristic advantage in broad study of the discipline (Rousseau, 1986: 152).

While we work towards the formulation of theories that are indigenous to Literature and Medicine, we will, in the meantime, rely on some relevant literary theories with suitable tenets in Literature and Medicine. It is pertinent to note here that, the interrogation of human pathologies and medicalisation, which are the crux of Literature and Medicine, could be done effectively by applying any of theoretical approaches that revolves around the sociology of literature. For instance, if the literary representation of human health condition is discussed as a postcolonial reality, the postcolonial theory of literature is applicable in its analysis; if it is based on the characterisation of mental patient, psychoanalysis which is a theory of the mind, is most suitable; if diseases in a literary text are perceived as a sociopolitical metaphor, deconstruction and semiotics could be applied. This is to say that there are relevant, applicable theories for the analysis of texts in the field of Literature and Medicine.

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Unit 2: Literature and Medicine: Applicable Methods

Studies in Literature and Medicine mostly adopt the qualitative, analytical method of research. In that, a text is subjected to a critical analysis, highlighting the medical and clinical themes that resonate in it. Scholars in Literature and Medicine have equally demonstrated that the method of analysing a text is likened to the consultative and surgical strategy adopted by a physician in the business of clinical practice. Beveridge, in his essay, “The Benefits of Reading Literature” (2009) illustrates this point aptly thus:

The techniques involved in understanding and analysing a novel can be applied to the understanding of patient discourse. One can become more sensitive to the nuances and subtexts of a patient’s communication (5).

Beveridge (2009) adds that “several literary devices have clinical resonances”, and that “the concept of the ‘unreliable narrator’ is especially applicable to the understanding of a patient’s history” (5). The point illustrated here is that the narratological and analytical strategies that are used in the study of literature are commonly deployed in medical practice. In other words, there is the ‘art of medicine’ as it is in literature, and it borders on the creativeness and innovations which the practitioners deploy in ‘surfing’ and ‘suturing’ of texts and patients (McWilliams, 2012).

McLellan and Jones (1996) highlighted two very relevant approaches to literary studies— the *aesthetic approach* and the *ethical approach*— which are applied to the teaching of literary texts to medical students, especially in the US. According to them, the aesthetic approach to the medical study of literature can lead to the development of complex interpretive skills. Scholars have noted that narrative-based medicine is concerned with the use of the aesthetic and ethical approaches (Greenhalgh & Hurwitz, 1998, Charon, 2001 and Beveridge, 2009). The ‘ethical’ approach to literary studies, which borders on the interrogation of social moral issues, helps clinicians to reflect deeply, on the moral implications of their practice. On this note, Beveridge

(2009:6) notes that “literature can explore moral quandaries and how we arrive at clinical decisions”. These approaches— aesthetic and ethical— that fit into medical and literary practice, are, therefore, relevant in Literature and Medicine.

Furthermore, Evans and Greaves (1999) illustrate that the additive and integrative approach, which is applied to literary study is relevant in biomedical practices. On this note, Smith (1999) states: “the additive view is that medicine can be softened by exposing its practitioners to the humanities; the integrated view is more ambitious, coming to shape the nature, goals and knowledge base itself” (58). Beveridge (2009: 8) explains the two concepts— additive and integrated approaches, showing their relevance in the critical study of texts in Literature and Medicine:

The former, *the additive approach*, sees the arts as adding to an existing biomedical knowledge base, so that, for example, we might start from the traditional categories of psychiatric disease and seek our literary accounts that illustrate these conditions. The ‘integrative approach’ attempts to refocus the whole of medicine to an understanding of what it is to be fully human (Emphasis, mine).

As revealed in the discussion above, there are relevant theoretical and methodological approaches that can be applied to the study of texts in Literature and Medicine.

Conclusion

The discussion in this module reveals some relevant theories and methods that are applicable to the study of texts in Literature and Medicine. It is evident in the study that Literature and Medicine, as a new discipline, has not developed much of its own theories. However, some sociological and psychological theories of literature have been proven to be relevant in the study of texts in Literature and Medicine. It is also highlighted that the analytical method of literary

study, which is also used in medical practice, is suitable in the discussion of texts that foreground medical themes.

Summary

- Literary theories like psychoanalysis, deconstruction, postcolonialism, semiotics, etc., can be used to analyse texts in Literature and Medicine.
- The analytical, integrative, additive, aesthetic and ethical methods of literary and medical practice are relevant in the study of texts in Literature and Medicine.

Tutor marked Assignment

1. Using the psychoanalytic theory, examine any literary text that explore theme of mental illness.
2. The representation of human health conditions in African literature, in the 21st century, is a reflection of our postcolonial realities. Discuss the viability of this statement using the postcolonial theory to investigate a contemporary any African literary text that depicts illness and disease.
3. Illnesses have often been represented as metaphors in literature. Using deconstruction or semiotics in the analysis of any literary text on medical theme, examine the viability of the assertion above.

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